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## RETURNS FORM

**Customer:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Account No:** \_\_\_\_\_  
**Customer Tel No:** \_\_\_\_\_  
**Customer Fax No:** \_\_\_\_\_

**Returns No:**

**For Office Use Only:**

Date of action

## ANSWER

Tested by \_\_\_\_\_  
Approved by \_\_\_\_\_  
Action by \_\_\_\_\_

Date

Date

PLEASE FAX COMPLETED FORM TO +44 (0) 20 8839 8866