



**AURETICS LIMITED**

TO BE USED ONLY BY CUSTOMERS FOR RETURNING PRODUCTS TO  
AURETICS OR ITS DISTRIBUTOR.  
(PLEASE ATTACH ORIGINAL INVOICE)

**RETURN FORM**

**ADVISOR REGISTRATION NO.** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADVISOR NAME:** \_\_\_\_\_

**CUSTOMER NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **MOBILE:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**STATE:** \_\_\_\_\_ **PIN:** \_\_\_\_\_

**Invoice No. against which products are returned** \_\_\_\_\_

**Reason for return:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Return is for (Replacement / Exchange / Money Back):** \_\_\_\_\_

**PRODUCT RETURN FORM**

S.NO.	PRODUCT NAME	QUANTITY	TOTAL
<b>GRAND TOTAL</b>			

**CUSTOMER's SIGNATURE:** \_\_\_\_\_

**ADVISOR's SIGNATURE:** \_\_\_\_\_