



GOODS RETURN FORM

Company Information:

Waybill/ Reference Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date:	<input type="text"/> <input type="text"/> /	<input type="text"/> <input type="text"/> /	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Company Name:	<input type="text"/>				
Physical Address:	<input type="text"/>				
	<input type="text"/>	Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Contact Name:	<input type="text"/>	Contact Number:	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Products being returned

Product Code	Description of Item	Qty	Reason for Return	INV Number	Credit/ Replace
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1. Please complete this form and email a copy to returns@crbrands.co.za and enclose a copy in your return parcel.
2. You shall be responsible for the cost of returning goods for refund or exchange, except in the cases of faulty, damaged or wrongly supplied goods.
3. Ikhetelo Events Consultants and C&R Brand Solutions recommend you return the goods by registered carrier or recorded delivery as we cannot be held responsible for goods not received back.

Number of Parcels:

Gross Weight of Parcels (kg):

Signature

Print Name

Date

Ikhetelo Event Consultants
14 Amalgam Place, Amalgam, Johannesburg, 2092
PO Box 128, Bassonia, South Africa, 2061
Tel: +2711 837 2000 • Fax: +2711 830 0014
VAT No: 4780198149 • CK 2002/013432/23
Members: C Kondylis, S Ehrenreich

Firefly Investments 42 cc t/a C&R Brand Solutions
14 Amalgam Place, Amalgam, Johannesburg, 2092
PO Box 128, Bassonia, South Africa, 2061
Tel: +2711 837 2000 • Fax: +2711 830 0014 • www.crbrands.co.za
VAT No: 4190224644 • CK 2009/099898/23
Members: C Kondylis (Managing), S Ngema & S Esson