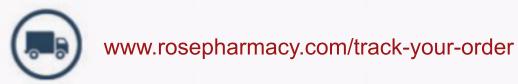
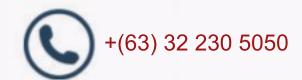
Rose Pharmacy

MANUAL RETURNS FORM







lame		Order No		
hipment Received Date		Phone No		
Bank Details (Mandatory	: Refund of r	eturn-courier fee/other	fee)	
ccount Full Name				
ank Full Name				
ccount No.				
leturn Product Details	•			
PRODUCT NAME	QTY	REASON CODE	RES	OLUTION
PRODUCT NAME		REASON CODE 1 - Damaged	RES	OLUTION
			RES	OLUTION
		1 - Damaged	RES	A - Replace
		1 - Damaged 2 - Defective 3 - Does not fit		
		1 - Damaged 2 - Defective 3 - Does not fit (for fashion items)		A - Replace
		1 - Damaged 2 - Defective 3 - Does not fit (for fashion items) 4 - Not as advertised 5 - Wrong item		A - Replace B - Store Credit

- * Please read Rose Pharmacy Return & Refunds policy by visiting www.rosepharmacy.com/returns-refunds
- * By submitting this manual returns form, customer has agreed to and acknowledged the privacy policy of Rose Pharmacy, Return & Refunds policy of Rose Pharmacy. Trust all information declared is correct and genuine.
- * Refund will be process 7-9 Days after we recieve the returned item.
- * Replacement will be process 3 Days after we recieve the returned item