

Customer Details

Name

Order No

Shipment Received Date

Phone No

Bank Details (Mandatory: Refund of return-courier fee/other fee)

Account Full Name

Bank Full Name

Account No.

Return Product Details

PRODUCT NAME	QTY	REASON CODE		RESOLUTION	
			1 - Damaged		A - Replace B - Store Credit C - Refund
			2 - Defective		
			3 - Does not fit (for fashion items)		
			4 - Not as advertised		
			5 - Wrong item delivered		
			6 - *Change of mind		
	1	4	7- *Change of Medication	C	

Please elaborate further details of return reason/issues of the item for faster process:

Signature:

Date:

* 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