

RETURNED GOODS FORM – EXCHANGE OF PRODUCTS

Please fill in the form below if you want to change your Product to another one. If you want to withdraw from the purchase or you received a defective Product (thus you have got a warranty claim) you have to fill in a different form which you will find on our website.

Request your „Returned Goods ID” by completing this form and send it to info@mygpstore.com. Please use capital letters and complete all the fields, except the „Returned Goods ID” field.

We will send you back the Returned Goods Form completed with the Returned Goods ID number. Please place the completed Returned Goods Form inside the packaging together with the Products and send back within 14 days. Thank you!

By completing and sending the form below you declare that you want to exchange the Products. You also acknowledge that upon receipt of the completed Return Goods Form, you will send back the goods within 14 days at your own cost.

After receiving the returned Products, our customer service will verify that those satisfy the Conditions of Goods to be Returned (according to our General Terms & Conditions are fully intact, complete with all parts and accessories, provided in original packaging, etc). If so, and provided that you paid its Cost of Delivery, we will provide you with an Exchange Product (subject to availability) no later than 14 (fourteen) days from, and including, the day on which we received the returned Products.

YOUR PERSONAL DETAILS

Name and surname	
Address	
Phone and/or mobile phone	
E-mail	

YOUR ORDER INFORMATION

Order number	
Returned Goods ID*	

*to be provided by MyGPStore.com

RETURNED GOODS (Product)	SIZE	COLOUR	QUANTITY

REQUESTED EXCHANGE PRODUCT	SIZE	COLOUR	QUANTITY

REASON FOR THE RETURN (OPTIONAL)

- | | |
|--|--|
| <input type="checkbox"/> Defective | <input type="checkbox"/> Problem with material |
| <input type="checkbox"/> Don't like colour | <input type="checkbox"/> Received too late |
| <input type="checkbox"/> Don't like material | <input type="checkbox"/> Too large |
| <input type="checkbox"/> Don't like style | <input type="checkbox"/> Too small |

Date and place __/__/____, _____

Signature of the Customer _____