



Return/Exchange Form

Customers full name: _____ Date: _____

Physical address: _____

Relevant invoice number of purchase: _____

Reason for return/Fault full description: _____

Would you like to have the product replaced: Yes ☐ No ☐

If NO and a refund is required kindly provide your banking details

Bank: _____ Branch _____ Branch code: _____

Account nr: _____ Account type: _____

Kindly note a refund will only be given once the product is returned and assessed according to our Shipping & Returns policy.

If you have any further questions you are welcome to contact our Customer Service department on service1@fluidco.co.za who will revert within 24 hours.