

Date	/	/	
Order			

Return Request Form

Customer Det	ails PLEASE PRINT - IF YOUR FOR	M IS ILLEGIBLE, WE CA	NNOT PROCES	S YOUR RET	URN		
First Name:		Last Name:					
Phone number:		Email:					
Street address:							
Suburb:		State:	Postcode:				
Return Items							
Style # Item description		Color	Size	QTY	Price		
			Total:				
Reason for Re	eturn (please tick)						
Dispatch Error	Faulty good	ls –	Purchased	d Wrong Si	7e		
Dispateir Error		L		o g o			
Purchased Wron	ng Product Change of I	Mind					
Additional Co	mment						
Additional Comment							
Peturns Policy							
Returns Policy We can only refund returned items if they are in original condition, have original packaging and have tags attached. Items must be accompanied by a copy of the packing							
carefully and seal the package	sent your order as well as this Return Request Form clewell before sending it to the address provided at the foreyour once we have received your items. Please allow up	ot of this page. Returns must be	e posted back withir	14 days from tl	he date you		
received them. We will contact you once we have received your items. Please allow up to 14 days after we approve your return for the refund to appear on your statement. Only items bought from Tofisa's online shops can be returned using this form. For more information, please visit the Returns Policy at www.tofisa.com							
Return check	list (Please note that Tofisa will not ref	and your product if the	below checklist	cannot be o	completed)		
☐ Are the items be	ing in original condition, have origina	al packaging and have	e tags attache	ed?			
Have you included a copy of the packing slip?							
	equest Form filled out? e these items within 14 days of when yo	ou originally received t	hem?				
ш -	ur Return Policy?						
Have you added	any relevant additional comment?						
Signod							