

Applicant Name: _____ ID No.: _____ Dated: ____ / ____ / ____

Mobile No.: _____ Sales Invoice No.: _____

Purchased From: _____

Product Description:

Name of Product	Qty. Returned	Qty. Accepted	Qty. Rejected	Amount	Remarks

Applicant Signature

For Office Use Only

Accounts:

Return Invoice/ Credit Note No.: _____ Date: ____ / ____ / ____ Amount: _____

Amount Refunded: _____ Cash/Bank: _____

Accounts I/C_____
Logistics I/C