

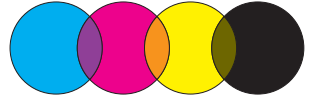
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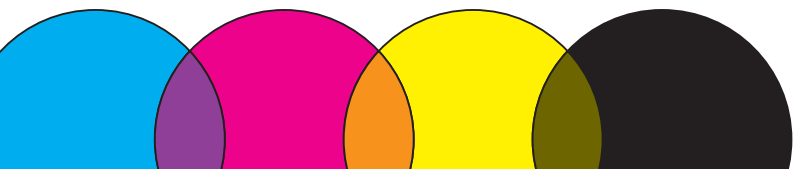
PRODUCT RETURN AUTHORISATION FORM

ORDER NUMBER OF PURCHASE _____

PART NUMBER OF PRDUCT TO BE RETURNED _____

DATE PRODUCT RECEIVED _____

REASON FOR RETURN / DESCRIPTION OF DEFECT _____



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