**HOW TO RETURN**

1. **PACK ITEM SECURELY**

- Please pack the item in a suitable bag and secure it.

1. **FILL OUT RETURN FORM AND PLACE INSIDE BAG**
* Please fill out the form in full and with care.
* We ask you to use either 1st or 2nd class tracked postage.
1. **TAKE TO POST OFFICE AND PURCHASE A SHIPPING LABEL (WE WILL REIMBURSE THIS COST)**
* Please place the shipping label on the outside of the bag in a suitable position and make it is visible.
* Shipping labels can be bought at most post offices, or online.
* We advise you to purchase shipping with a tracking number (tracked postage) in case your item gets lost.

**PLEASE SEND BACK TO:**

5 Chesterton Court
West Hill
Wadebridge
Cornwall
United Kingdom
PL27 7EP

If you have any questions, please contact: orders@fom.co.uk. Providing your order number and a short description of your query.

We are available Monday-Friday.

You will usually receive your reimbursement within two – three days after your shipment arrives at our HQ.

**RETURN FORM**

PLEASE PRINT OUT THIS FORM, COMPLETE IN FULL AND PLACE INSIDE RETURNS PACKAGE:

ORDER NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOUSE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AREA CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COUNTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COUNTRY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHICH ITEM(S) ARE YOU SENDING BACK?

PLEASE PROVIDE A SHORT DESCRIPTION OF YOUR REASON FOR RETURN:

ACTION REQUIRED (REPLACEMENT/REFUND/OTHER):

THANK YOU VERY MUCH.

DATE: \_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_