



# VINOBLE COSMETICS

## RETURN product defect

Product: \_\_\_\_\_ Batch: \_\_\_\_\_

Which damages / defects have occurred?

---

---

---

(Please give us the exact information, because the product is getting checked in the quality assurance.)

How long have you used the product?

---

### CUSTOMER INFORMATION

First & last name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Submitted by: \_\_\_\_\_ CNR: \_\_\_\_\_

\_\_\_\_\_  
Date/Stamp/Sign