

Sample Return Form

(If you'd like to cancel your order, please fill out this form and return it)

-Send to Registered Office, Suite 2, 20 Walan Street, 4557 Mooloolaba, Fax: , Email:

-Hereby I/we cancel my/our order of the following goods/services (*)

-Ordered on (*)

/received on (*)

-Name of Consumer(s)

-Address of the consumer(s)

-Consumer's Signature (not necessary for electronic submission)

-Date

(*) Delete any inapplicable text