

# Return Form

Date

Contact information	
Company	Nexus customer number
Contact	Nexus order number
Address	
Postal address	
Phone number	
E-post	

Description	
Returned product	Reason of return
Quantity:	
<input type="checkbox"/> Return without prior contact with Nexus Card	<input type="checkbox"/> Return as agreed with Nexus Card

Other information (e.g. description of possible defect)

Nexus own notes	
Actions planned and/or taken	
	Received by
	Received date
	Case closed
	Nexus signature

Completed and signed form should be enclosed with the returned goods and sent to:

Nexus ID Solutions AB  
 Return  
 Dialoggatan 17-19  
 126 26 Hägersten

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 Informant signature