

DiKA

RETURN / PRODUCT(S) EXCHANGE FORM

Client Name and Surname / Legal Entity Name and UIC:

Your Request:

Product Return Product Exchange Size Exchange

Order No / Date: _____ / _____

Article Number / Size: _____ / _____

Exchange Details: _____
(for exchange requests only)

Product / Size: _____

Reason for Return / Exchange: _____

Delivery Address:

City / Village: _____ Postal Code: _____

District / Street / Number: _____

Telephone: _____ Email: _____

Reimbursement of Amounts Due / Difference in Case of Exchange for a Lower-Value Item:

IBAN: _____ BIC: _____

Bank: _____

The difference in case of replacement with a higher-value item will be paid by the Client upon delivery.

All transport costs are at the Client's expense.

Return Address:

E Miroglia Georgia
Rustaveli avenue 40
Tbilisi 0108
Georgia

Date / Year: _____

Client Signature: _____