

Returns form

Returns Department, MyMemory, 2 Britannia Place, St Helier, Jersey, Channel Islands, JE2 4YS

Please ensure all of the information below is correct and this form is included in the returns parcel. If you do not have access to a printer, please include a covering note and your order number, email address and post code with the full reason for returning the item. We recommend you return your item to us via recorded delivery, if the value of your order is over £50.

PLEASE COMPLETE THE FO	LLOWING	IN BLO	CK CAPI	IALS:								
ORDER NUMBER:								DATE	ITEM RECEIVED:	d d	m m	у
FIRST NAME:							SU	RNAME:				
ADDRESS:												
TOWN / CITY:												
POSTCODE:												
EMAIL ADDRESS:												
PHONE NUMBER: INCLUDING AREA CODE)												
REASONS FOR RETURN: COMMENTS:			DAMA FAULT	GED DU Y PROD DITION	JRING DEL			ſ	NCORRECT ITEM ORDE TEM DIFFERENT AS DE DRDERED BY MISTAKE JNWANTED ITEM			
Simply cut out the lak	B D F. IN IN IN	ETTER I AMAG AULTY I ADDI ICORRI ICORRI	PRICE FOR DUR PRODUTION TO ECT ITEME	DUND E ING DEI ICT O ORDER M RECEI M ORDE T NOT A	ELSEWHERI LIVER Y R VED ERED AS DESCRIB	E	n your ord	Ret Myl 2 B St I Cha	urns Department Memory Ltd ritannia Place, Helier, Jersey, annel Islands, 44YS			
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