



# Confidential Return Form

Document Ref : PDRCLF

7 LAVENHAM STUDIOS  
BRENT ELEIGH ROAD  
LAVENHAM  
SUFFOLK  
CO10 9PE

PART CODE

HOLOGRAPHIC CODE

DATE COMPLETED

YOUR REFERENCE

RETURN DATE

CARRIER USED

TRACKING NUMBER

**IMPORTANT:** ALL INFORMATION IS REQUIRED. FAILURE TO SEND A COMPLETED DOCUMENT WILL RESULT IN YOUR CLAIM BEING REJECTED.

## Part 1 - Claimant Details

Company Name	Address
Company Reg. Number	
Email Address	
Telephone	Post Code

## Part 2 - Wholesaler

Wholesaler Name <b>PDR</b>	Date of Purchase
Telephone	Invoice Number

## Part 3 - End Client

Date of Potential Claim	Address
Company Name	
Email Address	
Telephone	Post Code

## Part 4 - Site

Date Installed	Address
Company Name	
Email Address	
Telephone	Post Code



If you have them, please include the following with your claim:

Reported to PDR? (please tick)	Yes <input type="checkbox"/> No <input type="checkbox"/>		Included? (please tick)
Date reported	<input type="text"/> / <input type="text"/> / <input type="text"/>	Copy of Inspection sheet	<input type="checkbox"/>
Name of contact at PDR	<input type="text"/>	Copy of test certificate	<input type="checkbox"/>
		Copy of contractors instant report	<input type="checkbox"/>
Was there a notification sent via email?	Yes <input type="checkbox"/> No <input type="checkbox"/> →	Copy of your email notification to us	<input type="checkbox"/>
PDR incident number issued	<input type="text"/>	Photos of product installed	<input type="checkbox"/>
		Photo of product potential issues	<input type="checkbox"/>

FOR INTERNAL USE ONLY (Not to be completed by claimant).

Date	Name
Email	Letter
Telephone	

Replacement Goods Issued

Date	Name
Email	Letter
Telephone	Delivery Note
Holographic Code Reported	

Returned Goods

PDR Incident Number Issued	DHL/APC Doc Number
Site Address for Collection	Letter
Company Name	Company Address
Holographic Code Reported	
Email	
Telephone	Post Code