

PRODUCT CLAIM FORM



The claim form must be attached together with the returned product so that the claim can be processed.

Your contact details

Name: _____

Address: _____

Order number: CO _____ Telephone number: _____

E-mail: _____

Claim details

Amount, product name and article number of claimed items:

Date of product application: _____ Date of product removal: _____

Reason for claim:

Please tick the boxes if applicable:

- I have used Rapunzel of Swedens hair care products
- I have coloured* the hair (*coloured, toned, bleached, treated with silver shampoo, color mask, colour bomb, henna, tinting or similar treatments)

Date, signature: _____

Return address: Rapunzel of Sweden, Fanérgatan 14 B, 56633 Habo, Sweden