

REFUND FORM

Kaaf Enterprises

Personal Information	
Full Name:	Order No:
Address:	
Email:	Phone:
Date of Purchase:	

Refund Method

Product Name	Quantity	Reason for Return (Use codes below)

Reason Codes:
A: Changed my mind / Didn't like the fragrance/shade
B: Product was damaged upon arrival (Attach photos printed)
C: Incorrect item was received (Specify which item)
D: Allergic reaction (Please provide details)
E: Other (Please specify in column)

Refund Method

Bank Name:	Account Title:
Account Number:	

I confirm that the items are being returned in their original, unopened, and unused condition (unless the return reason is B or C). I understand that Shipping charges are non-refundable, and a return shipping fee of PKR [] may be deducted from my refund if the return is due to my change of mind.

Customer Signature: _____ Date: _____

INTERNAL OFFICE USE / RECORD SECTION (DO NOT TEAR)

Return Recieve Date:	Item Condition Check	<input type="checkbox"/> Unopened	<input type="checkbox"/> Used	<input type="checkbox"/> Damaged
Inspection Result	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected		
Employee Signature/Stamp: _____		Refumd Amount:		
		Refund Date:		

REJECTION NOTICE (TEAR OFF & SEND BACK TO CUSTOMER)

Field	Details
Order Number	
Date Inspected	
Inspected By	

- Reason for Rejection
- ☐ Item was clearly used/tested (Cosmetics/Perfume seals broken).
 - ☐ Item was returned outside the 7 day return window.
 - ☐ Original packaging, seals, or labels are missing/damaged.
 - ☐ Other: _____

Employee Signature/Stamp: _____