

SIMPLY CIGARS

Returns Form

Please complete this form and include it with your return.

Customer Details

Full Name:

Order Number:

Order Date:

Email Address:

Telephone Number:

Delivery Address:

Items Being Returned

Product Name / Description	Quantity	Reason for Return	Action Requested
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Return Instructions

1. Ensure items are unopened and in their original condition.
2. Include this completed form inside your parcel.
3. Return to:

Simply Cigars Returns Department
16 Kingsgate Place
London
NW6 4TA

Thank you for your cooperation.