RETURNS FORM

Should you wish to make changes or return a product, please fill in this form and send back to us with the specific item/items. If you are unable to print the document, please write down all the information by hand on a piece of paper. For further information and our full terms & conditions, please visit our website https://shop.bovikmarin.se.

Please note! We recommend sending your return package with a trackable postage alternative. Please ensure you obtain a proof of postage from your post office or courier. Bövik Marin AB will not pay for the cost of a new product should your return parcel disappear in the post.

Return address:
Bövik Marin AB
Hälleflundregatan 12
SE-426 58 Västra Frölunda
SWEDEN

ORDER REFERENCE NUMBER

REASON FOR RETURN

☐ RETURNS ☐ CLAIM

PERSONAL DETAILS (PLEASE PRINT CLEARLY or TYPE)

It is important that all personal details are stated below, in order for us to take appropriate actions, handle the matter correctly and as efficiently as possible.

NAME	MOBILE NUMBER

ADDRESS	POSTCODE	TOWN/CITY

EMAIL

REASON FOR RETURN/CLAIM

Please state the reason for your return/claim in the field below, how you wish this to be resolved as well as which product this refers to. Please be as detailed as you can.

Date: _____ Town/City: _____ Signature:_____