## **MONEY BACK CLAIM FORM**

## **ASWINI HOMEO ARNICA HAIR OIL**

User Name	:	
Address	:	
Mobile Number	:	
Retailer's Name	:	
Invoice Number	:	
Invoice Date	:	
Invoice Amount	:	
SKU Purchased	:	90ML / 180ML
Number of Units Purchased	:	90ML/ 180ML
Number of Days Used	:	
<b>Reason for Claiming Refund</b>	:	Dandruff / Hairfall
<u>DECLARATION</u>		
1		hereby declare that I
		60 days or more continuously and not
		of refund claim form above are true nowledge. The amount and the reason
for which this refund claim claimed and paid.	ha	as been filed has not been previously
		Signature of the Claimant
		Date: