



IFNA WEB SALES  
RETURNS FORM



Please ensure all fields marked \*\* are completed

\*\*Name:

\*\*Address (including postcode):

\*\*Contact numbers

Email Address:

\*\*Item(s) returned:

\*\*Date of purchase:

\*\*I have included

as proof of purchase:

\*\*Reason for return:

Additional information (include anything you think may help us appraise the item/fault):