




Please complete the below in BLOCK CAPITALS and return with all product items and attachments using the prepaid postage label provided.

\*\* please note the delivery address you provide on this form will be used if a new item is sent\*\*

Kinetik Medical Devices Limited  
Unit 11 Perrywood Business Park  
Honeycrock Lane  
Salfords, Surrey, RH1 5JQ

Product Model Number \_\_\_\_\_

This can be found next to the REF icon on the outer packaging. eg.  BPx1A

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Company (if applicable): \_\_\_\_\_

Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Brief description of the fault: \_\_\_\_\_

\_\_\_\_\_

Kinetik Order NUMBER: \_\_\_\_\_

Date purchased: \_\_\_\_\_

**Receipt emailed to Customer Care , if no please attach copy.**



YES



NO