

Customer Reference #: _____
 (To be assigned by customer service agent)

Please email the completed form **along with a copy of the** purchase receipt to World Duty Free Group Canada Head Office at cc.vancouver@wdfg.com. A member of our customer service team will contact you regarding next steps. Should you need to speak to a representative in the meantime, we are available from 9:00am to 5:00pm PST Monday to Friday at +1.877.253.3272.

NOTE: All refunds should be within 60 days of purchase, the returned item should be in the original packaging and condition, and accompanied by the original receipt.

Customer Information

Full Name: _____
Last *First*

Address: _____
Street Address *Apartment/Unit #*

City *Province* *Postal Code/Zip*

Home Phone: _____ Alternate Phone: _____

Email: _____

Item Description	SKU #	Cost

Reason for Return: _____

Original Method of Payment: Cash* Debit* CUP Credit _____ (Specify type)

***If method of payment was by Cash or Debit, please complete the Banking Information section.**

Customer Request: Replace* Exchange* Refund Repair

***Replacements/Exchanges are Subject to Availability**

Please provide details below, if **EXCHANGE** is requested.

Customer Bank Information

***Please provide Bank Information if purchase was made by Cash or Debit ONLY. You may contact your bank for assistance, as EXACT information must be received in order to complete a wire transfer.**

Beneficiary Name (Customer's name):	
Beneficiary Address (Customer's address and phone number):	
Bank Name:	
Bank Address:	
Bank Phone Number:	
Account No:	
Bank Code (3-digit):	
Transit Code (5-digit):	
SWIFT Code:	
IBAN (if applicable):	

Office Use Only

Complete at the time of receipt

Form received by: _____
 (Employee Name)

Date: _____

Goods received by: _____
 (Employee Name)

Re-sellable Damaged Confiscated

Complete at the time of approval

Refund Approval: YES NO Comments: _____

Refund Approver
 Signature: _____
 (Sr.Admin Assistant/ TM/ Supervisor)

Date: _____

Director of Retail
 Approval: _____

Date: _____

Additional
 Approval : _____
 (*Required for wire transfer only)

Date: _____

Finance Initial