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

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

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

SECTION A –FOR ITEMS **WITHOUT** LABOUR CLAIM

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Part Number | Qty | Description | Your Ref. | Reason for Return |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

SECTION B – FOR ITEMS **WITH** A LABOUR CLAIM (Fitting Invoice must be included with this form)

|  |  |  |  |
| --- | --- | --- | --- |
| Vehicle Reg: |  | Part Number: |  |
| Make: |  | Model: |  |
| Engine Size: |  | Year: |  |
| Date Fitted: |  | Fitted Mileage: |  |
| Date Removed: |  | Removal Mileage: |  |
| Reason for Claim |  |  |  |

*Please return all goods to:*

**UKS Distribution Ltd, Unit 12, Hereward Rise, Halesowen. B62 8AW**

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*To ensure a quick and efficient claim registration and procedure, we can only accept claims with this criteria.*