



SKINCARE

Faulty Product

Date	
Salon Name	
Contact Person	
Contact Number	
Email Address	
Key Account Manager	

Name of product purchased	
Where did you purchase the product?	
Expiry date (e.g. AUG20)	
Batch number (e.g. 18AGJ)	
Specifics regarding product fault (Please provide a detailed description below)	
Damaged packaging	
Product consistency concerns	
Product smell	
Other (please specify)	
For office use only	
Product checked by	
Date	
Status of return	
Comments	
Other	