



RETURNS FORM

SERVICE/WARRANTY

Please return this form and product(s) to:

Hope Technology, Hope Mill, Calf Hall Road, Barnoldswick, Lancashire, BB18 5PX, United Kingdom

Please ensure all items being returned are as clean as possible. Dirty parts may be subject to additional charges and will delay the service process.

Your Details: Please use BLOCK CAPITALS.

Name:	Customer Number:
Address:	
Postcode:	
Daytime Phone Number:	Mobile Phone Number:
Email Address:	

Parts Returned: Please tick box(s) or enter quantity of all items you are returning.

Front Hub:
PRO 2 <input type="checkbox"/> PRO 2 EVO <input type="checkbox"/> MONO RS <input type="checkbox"/> PRO 3 MONO <input type="checkbox"/>
PRO 4 <input type="checkbox"/> RS PRO 4 <input type="checkbox"/> BOOST: YES <input type="checkbox"/> NO <input type="checkbox"/>
Rear Hub:
PRO2 <input type="checkbox"/> PRO 2 EVO <input type="checkbox"/> MONO RS <input type="checkbox"/> PRO 3 MONO <input type="checkbox"/> PRO 4 <input type="checkbox"/> RS PRO 4 <input type="checkbox"/>
BOOST: YES <input type="checkbox"/> NO <input type="checkbox"/>
Hole Drilling: 18 <input type="checkbox"/> 20 <input type="checkbox"/> 24 <input type="checkbox"/> 28 <input type="checkbox"/> 32 <input type="checkbox"/> 36 <input type="checkbox"/> Colour:

Reason for Return: Please include proof of purchase for all warranty claims.

SERVICE: <input type="checkbox"/>	WARRANTY: <input type="checkbox"/>	OTHER: <input type="checkbox"/>	Date of purchase __ __ ____
Please give any further details:			

To assist with your service/warranty claim please provide details of your bike.

Make:
Model:
Application: [DH, Enduro, Gravel, E-Bike]

FOR OFFICIAL USE ONLY: DOC:SW.02

Parts replaced:	
Technician Name:	
Date work completed:	
Box number:	
External document number:	DOM: