

Chemists' Own[®]

100% Money Back Quality Guarantee Claim Form



For a full refund to be authorised, please complete and return this form to your Arrow Account Manager or the Arrow Pharmaceuticals office via FAX: **(03) 8419 3499**
Claim Form must be submitted within 1 week of the consumer's claim being received.

Date: _____

PRODUCT DETAILS

Product: _____

Batch No: _____ Quantity: _____ Date of Purchase: _____

Proof of purchase: _____

Reason for return: _____

PHARMACY DETAILS

Pharmacy Name: _____ State: _____

Pharmacy Account No: _____

Pharmacy Contact Name: _____

Pharmacy Phone Number: _____

CUSTOMER DETAILS

Customer Name: _____

Customer Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone number: _____ Email: _____

I acknowledge I have received a full refund or replacement product: _____
(Customer to sign here)

Personal information provided by customers, which includes the customer's name, address and any other details provided on this form, will be used for the purpose of investigating the complaint and may also be disclosed to agents of Arrow Pharmaceuticals Pty Ltd for the purpose of investigating this complaint.
Chemists' Own[®] is a registered trade mark of Arrow Pharmaceuticals Pty Ltd. 15-17 Chapel Street, Cremorne, Vic, 3121. Ph: 1300 9 ARROW (27769)

Customer return will be reimbursed to pharmacy with a replacement product



Creating better futures