

No:

RETURN PROTOCOL

DATE:

LOCATION

CLAIMANT:

NAME AND SURNAME OF PERSON ISSUING PROTOCOL AND COMPANY STAMP

PHONE No

REASON FOR RETURN:

PRODUCT WRONGLY ORDERED

CLIENTS RESIGNATION

BAD-ROTATING PRODUCT

OTHER



RETURNED PRODUCTS LIST

No	PRODUCT SYMBOL	PRODUCT NAME	QUANTITY	INVOICE NUMBER	REMARKS

PRODUCT PHYSICALLY RETURNED:

YES, CARRIER

YES, REGIONAL MANAGER

YES, DRIVER

GENERAL REMARKS

TO BE FILLED BY PAWBOL SALE REPRESENTATIVE:

DATE OF RECEIVING THE PROTOCOL

ACCEPTED

NOT ACCEPTED

ACCEPTED PARTIALLY

TO BE FILLED BY PAWBOL REPRESENTATIVE ACCEPTING RETURNED PRODUCTS PHYSICALLY:

DATE OF PRODUCTS RECEPTION

I CONFIRM PRODUCTS RECEPTION

* GREY AREAS SHALL BE COMPLETED BY PAWBOL EMPLOYEE