



Whealth Inc Refund Request Form

Name: _____

Address: _____

Landline: _____ Mobile: _____

Email address: _____

Item you wish to return (please tick one, indicated variant where applicable):

- Gargol All-Natural Oral Wash
(200ml/95ml/35ml) (Strawberry/Mint/Green Apple/Orange)
- CranUTI Nature's Relief Cranberry Extract
(Remedial Pack/60 Capsule Bottle)
- ABW Leaves Of Life Super-Antioxidant
(Remedial Pack/100 Caplet Bottle)
- C-Lium Fibre (for purchases outside of Philippines only)
(Remedial Pack/150g Powder Bottle/300 Capsule Bottle)
- Nyte-E Natural Face & Hand Lotion
(15ml Pump Pack/50ml Pack)

Place of purchase: _____

Date of purchase: _____

Do you have your original proof of purchase? Yes/No

Please fax your completed Refund Request Form to +63 2 521 8311.

Upon receipt of your Form our customer service officers will contact you to advise you of your Return Authorization Number.

Record your Return Authorization Number here:

We recommend that all customers retain a copy of this completed form for their records.

I, _____, have read and agree to the terms and conditions of the Whealth Inc Return Policy (see attached for policy).

signature

____/____/____
date