

RETURN FORM

Name: _____

Surname: _____

Address : _____

Contact phone: _____

E-mail: _____

Order Number: _____

Date of Purchase: _____

Receipt/ Invoice
Number: _____

Product Reference Code & Description: _____

Reason for Return / Please describe the issue in detail: _____

For Refund requests please provide your bank account details:

•	Bank Name	_____
•	Account Number IBAN:	_____
•	Account Holder Name:	_____

Please send this RMA request form along with your purchased item. You must also include a copy of your purchase receipt or invoice. (For refunds you must include the original purchase receipt)

Whether you are in Athens or not, please contact us by calling our customer support line at +30 210 9956290 or via email at info@karren.gr to make necessary arrangements. After you have contacted us you can send your purchased item in its complete original packaging at our store address: **L. Eirinis 30-32, Iliotropio, 16345, Ilioupoli, Athens**

In the event that a returned item is defective and within 14 days from date of purchase, we will accept charges for product shipping. In all other cases you will be charged with shipping expenses. You are responsible for items send to us, please make sure to carefully package returned items.