

GOODS RETURN REQUEST (GRR)			
(DO NOT RETURN GOODS WITHOUT WRITTEN AUTHORISATION) (Please fill in all details.)			
DISTRIBUTOR's Name			
Invoice No		Invoice Date	
Description of GOODS requested to be returned			
QTY	Product Code	Description	Reason For Request
Transport Method Requested			
I, the undersigned, (Full Name)			
<ul style="list-style-type: none"> Am authorised by the DISTRIBUTOR to request the return of the above GOODS subject to the SPAZIO Lighting (Pty) Ltd "STANDARD TERMS and CONDITIONS of SALE" including any additional terms SPAZIO specifies in the GOODS RETURN APPROVAL (GRA). Accept on behalf of the DISTRIBUTOR that: <ul style="list-style-type: none"> <u>No GOODS can be returned before you have received a written GOODS RETURN AUTHORISATION (GRA), signed by a SPAZIO Authorised Representative.</u> <u>SPAZIO may, at their sole discretion, charge for transport costs and may specify the conditions for returning GOODS to SPAZIO.</u> GOODS must be returned in its Original packaging with all relevant documents. The Warranty conditions have been complied with. If SPAZIO establishes that returned GOODS were altered or specially manufactured or imported, the GOODS shall be returned at DISTRIBUTOR's cost. 			
Name		Date	SIGNATURE



Spazio Lighting
(Proprietary) Limited
2001/019077/07

52 Andries Street
Wynberg Sandton
South Africa

P O Box 65 2324
Benmore 2010

TO BE COMPLETED BY SPAZIO Lighting (Pty) Ltd			
GOODS RETURN AUTHORISATION (GRA)			
Date GRR Received		GRA No	
Additional conditions:			
Transport cost for the account of:			
Transport one way	R60-00	or*	3% of Invoiced Value: R
Transport two-way	R120-00	or*	6% of Invoiced Value: R
*Whichever is the greater			
Transport Method Approved:			
Name		Date	SIGNATURE

Tel (011) 555-5555

Faxes
Sales (011) 555-5544
Admin (011) 555-5545

e-mail: info@spazio.co.za
web: www.spazio.co.za

Copy to GOODS Receivables	Name and signature	GRL No
Copy to Accounts	Name and Signature	Cr No

Director
FM Abbate (*Italian*)