



## Please return this form and product(s) to:

Hope Technology, Hope Mill, Calf Hall Road, Barnoldswick, Lancashire, BB18 5PX, United Kingdom

Please ensure all items being returned are as clean as possible. Dirty parts may be subject to additional charges and will delay the service process.

Your Details: Please	use BLOCK CAPITALS.			
Name:			Customer Number	:
Address:				
			Postcode:	
Daytime Phone Num	ıber:		Mobile Phone Num	nber:
Email Address:				
Darte Deturned: Die	ase identify the items being	roturned inclu		
Rim Size:	ase identify the items being	returned incl	dunig quantity.	
Rim Model:				
Hub Model:				
Hub Spacing:				
Spoke Count:				
Reason for Return: I	Please include proof of purchas	e for all warran	tu claims.	
SERVICE:	WARRANTY:	OTHER: 🗌		Date of purchase
	e giving as much detail as poss			
To assist with your s	service/warranty claim pleas	5e provide det	ails of your bike.	
Make:				
Model:				
Application: (DH, Enduro, Gravel, E-Bike)				
FOR OFFICIAL USE	E ONLY:			DOC:SW.05
Parts replaced:				
Technician Name:				
Date work completed:				
Box number:				
External document r	number:			DOM: