



# RETURNS FORM SERVICE/WARRANTY

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.

Hope lights, batteries or chargers purchased from 1st January 2012 or later are covered for warranty repair work free of charge (original proof of purchase required).

Repairs to Hope lights, batteries and chargers purchased prior to 1st Jan 2012 are chargeable at a rate of £25 per item, or £40 if two items require repair work (no proof of purchase needed). Repairs will only be carried out if the spare parts are available. Hope Technology may refuse to repair pre-2012 items which we deem unsuitable or uneconomic to repair for any reason. In this unlikely event we will contact you.

### Your Details: Please use BLOCK CAPITALS.

|                       |                      |
|-----------------------|----------------------|
| Name:                 | Customer Number:     |
| Address:              |                      |
|                       |                      |
| Postcode:             |                      |
| Daytime Phone Number: | Mobile Phone Number: |
| Email Address:        |                      |

### Parts Returned: Please identify the items being returned including quantity.

|   |           |
|---|-----------|
| Lamp Unit:  | Quantity: |
| Battery Unit:   | Quantity: |
| Accessories: Please tick box(s)   |           |
| Charger <input type="checkbox"/> Ext. Cable <input type="checkbox"/> Splitter Cable <input type="checkbox"/> Bar Mount <input type="checkbox"/> Helmet Mount <input type="checkbox"/> Seat Post Mount <input type="checkbox"/> Harness <input type="checkbox"/> |           |

### Reason for Return: Please include proof of purchase for all warranty claims.

|                                   |                                    |                                 |                                 |
|-----------------------------------|------------------------------------|---------------------------------|---------------------------------|
| SERVICE: <input type="checkbox"/> | WARRANTY: <input type="checkbox"/> | OTHER: <input type="checkbox"/> | Date of purchase __   __   ____ |
|-----------------------------------|------------------------------------|---------------------------------|---------------------------------|

Please give any further details:

### FOR OFFICIAL USE ONLY: DOC:SW.03

|                           |      |
|---------------------------|------|
| Parts replaced:           |      |
|                           |      |
| Technician Name:          |      |
| Date work completed:      |      |
| Box number:               |      |
| External document number: | DOM: |