

RETURN FORM

Please fill in this form and send it to us by e-mail so that we can help you to solve your problem in the best possible way.

Date: (aay/montn/year,)		
Last name:	First name:	First name:	
Adress:			
Zip code:	City:	Country:	
Phone:	E-Mail:		
Date of purchase: (day)	/month/year)		
The product was bought	t □ on www.gongtimer	☐ on www.gongtimers.com	
	☐ elsewhere (please specify):		
Type of product:			
☐ Meditation Timer	☐ Mindfulness Timer	☐ Mindfulness Timer	
□ Reiki Timer	☐ Gong Clock	☐ Gong Clock	
□ Combi Timer	☐ Essential Gong Time	☐ Essential Gong Timer	
Defect noticed:			
☐ Flaw in the wood	\square Problem with the sound	\square Light does not switch on	
□ Other, Please specify			