

Drum returning form

Returner: Fill out the form carefully!
Incomplete form will prevent compensation

* Mandatory information

Returner

Beneficiary (if different than returner)

Name*		
Business ID*		
Address*		
Postal code and area*		
Contact person*		
Phone number*		
Email*		
Bank connection*		

Returning point

Haukipudas		Rovaniemi	
Seinäjäjoki		Kuopio	
Tampere		Joensuu	
Keuruu		Jyväskylä	
Riihimäki		Lappeenranta	
Turku		Riispeere	

Additional information

Date*	
Returning number	
Referral numero	
Customer's referral	
Waybill numero	
Carrier	

Returner fills*		Returning point fills	
Drum type	Drum count	Full refund	No refund
K5			
K6			
K7			
K8			
K9			
K10			
K11			
K12			
K14			
K16			
K18			

Returner fills*		Returning point fills	
Drum type	Drum count	Full refund	No refund
K20			
K22			
K24			
K26			
K28			
K30			
12H			
15G			
Bed			

Returning point fills	
Drum number	No. for rejected refund

Receivers signature and date

