FACET

RETURN & PRODUCT CLAIM FORM

Complete this form before sending any return. Keep a copy for your records.

GPLD COMPANY LTD
heyfacet@gmail.com

1. CUSTOMER & ORDER DETAILS

FULL NAME

ORDER NUMBER

EMAIL

PHONE (OPTIONAL)

DATE ORDER RECEIVED

PHONE MODEL / CASE VARIANT

2. TYPE OF REQUEST

- ☐ Change of mind / return
- ☐ Wrong model ordered
- ☐ Incorrect item received
- ☐ Fault / manufacturing issue
- ☐ Damaged on arrival
- ☐ Other

IF OTHER, PLEASE SPECIFY

3. PRODUCT CONDITION

- ☐ Unused / only inspected
- ☐ Used
- ☐ Installed on device
- ☐ Dropped / impacted after delivery
- ☐ Modified / repaired
- ☐ Original packaging available

DESCRIBE THE REASON FOR RETURN OR THE ISSUE

4. EVIDENCE FOR DAMAGE / DEFECT CLAIMS

For a fault, damage or incorrect-item claim, attach clear evidence where applicable:

- ☐ Full front photo
- ☐ Full back photo
- ☐ Close-up of issue
- ☐ Packaging photo
- ☐ Video provided
- ☐ Other supporting evidence

Do not discard, alter, repair or intentionally damage the product while a claim is being reviewed.

FACET may request additional evidence or physical return of the product before approving a remedy.

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5. REQUESTED OUTCOME

☐ Refund ☐ Exchange ☐ Replacement ☐ Other

Requested outcome is subject to eligibility, product inspection, availability and applicable consumer law.

6. CUSTOMER DECLARATION

I confirm that the information provided in this form is true and accurate to the best of my knowledge. Where I am making a fault or damage claim, I confirm that I have not intentionally caused, altered or misrepresented the reported issue. I understand that FACET may request further evidence or return of the product for inspection before a refund, replacement or exchange is approved.

I understand that for a standard change-of-mind return, return shipping costs are normally my responsibility, unless applicable consumer law requires otherwise. I understand that submitting this form does not itself guarantee approval of a refund, replacement or exchange.

☐ I confirm and agree to the declaration above.

CUSTOMER NAME

DATE

SIGNATURE

7. RETURN POSTAGE

Use a tracked postal service where possible and keep your proof of postage until the return is completed.

Pack the product securely. For international returns, complete any required customs declaration accurately.

Do not send a return until you have contacted FACET and received the applicable return instructions.

TRACKING NUMBER (IF RETURNED)

DATE POSTED

8. RETURN ADDRESS

Unless alternative instructions are provided, authorised returns should be sent to:

FACET / GPLD COMPANY LTD
Suite A, 82 James Carter Road
Mildenhall, Suffolk, IP28 7DE
United Kingdom

INTERNAL - FACET USE ONLY

DATE RECEIVED

INSPECTED BY

CLAIM / RETURN REF.

☐ Approved ☐ Rejected ☐ More information required

INSPECTION NOTES / DECISION