

GRN Nr	
Date	

Goods Return Form (GRN nr issued by Gapp. Complete & Return this form with goods)

Business Name			
Address			
	Post Code		
Tel No.		Fax No.	

Contact Person			
Name			
Tel No.		Email	

Required Action (please tick)						
Test/Report		Credit		Wrong Item		Duplication
		Repair		Warranty		Other

Details Of Parts Being Returned		
Part Nr / Description	Serial Nr	Fault Description
	Original P/O or Invoice Nr	
	Original P/O or Invoice Nr	
	Original P/O or Invoice Nr	

Additional Notes/Comments

For Internal Use		
Date GRN Received	Initials	Comments