

Return Claim Format

**To :- Distribution & Marketing Support Department
Venus Remedies Limited**

From :-
(Distributor Name)

Sub :- Claim Against Docket Number - _____ Dated _____ through _____ (Name of the Transporter) of Breakage & Expiry Stocks.

This is to certify that the Breakage & Expiry stocks received from Stockists in the month/s ofand settled vide Replacement Invoice or Credit Note in the Month Of..... are returned to Head Office with the following details :

1. **Breakage/ Expiry SRC Number** :-.....
2. **Expiry Stock SRC Number** :-.....
(Self Expiry Stock)
3. **Salable Stock SRC Number** :-.....
(Enclose copy of the approval of HO for Salable Return)

Note : Kindly support the Stock Return Claim with the following :-

1. Stockist Letters with detail of Breakage & Expiry.
2. LR copies of Stockist Return.

Important :-

1.Only SRC copy is to be sent with consignment for verification of goods , all other documents are required at H.O for processing of claim.

2.If we do not receive the complete details in this format and if any of the required documents is missing , the Distributor will be solely responsible for delays in claim processing .

3.Only One consignment of above nature has to be initiated per month.

Authenticated By

(Sign ,With Seal)