

## 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	
Seinäjäoki		Kuopio	
Tampere		Joensuu	
Keuruu		Jyväskylä	
Riihimäki		Lappeenranta	
Turku		Riispere	

### 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

