LOOK OUT AFRICA

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REGISTRATION NO: 2022/873009/07

CUSTOMER REFUND REQUEST FORM

Please fill out this form, email it to service@lookout.africa

Order date _____ **Order ID** _____

CONTACT INFORMATION

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY: _____

EMAIL: _____

PHONE: _____

PLEASE NOTE:

We may contact you to gather further details about your refund request to improve our product and customer services.

Please provide a detailed explanation of the reason(s) why you are asking for a refund.

_____

_____

_____

_____ **Amount** _____

Customer Account Details

Bank: _____

Acc No: _____

Acc Name: _____

Branch Name: _____

Terms and Conditions:

After receiving your refund application, we will immediately start to process your request. Please allow at least seven (7) days to process the request from the receipt of your application.