

# Reverse Logistics Claim Request

## Requestor Information

Name

Email

Phone

## Claim Details

Date of Claim

Claim Type

Reference Number

## Product Information

Product Name

Product Code / SKU

Quantity

## Reason for Claim

Describe the reason for the reverse logistics claim...

## Supporting Documents

Attach files (optional)

Choose File

No file selected

## Logistics Details

Pickup Address

Preferred Pickup Date

Additional Remarks

Any other relevant information...