



Refund Claim Form

Customer Information:

Full Name: _____

Email Address: _____

Phone Number: _____

Item Details:

Item Name: _____

Item SKU: _____

Item Description: _____

Quantity: _____

Date of Purchase: _____

Reason for Refund Request:

Please describe the reason for your refund claim in detail. Include any relevant circumstances, issues, or concerns.

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Refund Amount Requested:

Total Amount Paid: \$ _____

Amount Requested for Refund: \$ _____

Payment Method:

- ☐ Visa

- ☐ M-Pesa

- ☐ MasterCard: _____

Refund Processing Information:

Refund Method: ☐ Credit Back to Original Payment Method ☐ Bank Transfer ☐ Other (please specify): _____

Account Holder Name: _____

Card Number (if applicable): _____



The Maralal Oasis, Argwings Kodhek Road, 4th Floor
info@outfrontspa.com
www.outfrontspa.com
+254 112 856 539

Bank Name (if applicable): _____

Bank Address (if applicable): _____

Supporting Documents:

Please attach any relevant documents that support your refund claim. This may include photos, screenshots, or other evidence.

Declaration:

By submitting this refund claim form, you acknowledge that you have read and understood our refund policy. You agree to provide accurate information and cooperate with our team during the investigation of your refund request. Kindly submit to info@outfrontspa.com for review by our team.

Customer's Signature: _____

Date: _____