HEARING AID REPAIR FORM

Please complete as much of the following as you can. Thank you.



www.hars.co.uk Tel: (01635) 48724

PERSONAL DETAILS

	Name						
	Address						
	Town/City						
	County						
	Post Code						
	Telephone						
	Email						
DAM	AGE DETAIL	S					
Please	give a brief desc	ription of the fau	It with the hear	ring aid:			
Examp		pattery compart nandle, low sour				i, cracked c	ase, broken
HEAF	RING AID DE	TAILS (More o	details can be f	ound in your	user manual)		
☐ BTE		ITE	□ CIC				
Make		Model		Serial No			
POS	ΓAGE						
Please	pack your heari	ng aid securely	in a padded ei	nvelope or bo	ox. Your aids o	an be sent v	ia:
O 11							

Option 1: Special or Recorded delivery (for a quicker and traceable service) to -

HARS (UK) LTD, Greenham Lodge, Pigeons Farm Road, Thatcham, RG19 8XA

Option 2: Freepost to -

HARS (UK) LTD, PO Box 6035, FREEPOST (SCE13820), Thatcham, RG19 8WA

PAYMENT

Prices are inclusive of VAT, return postage by Special Delivery and a pack of batteries. Please see Price List for full details. Payment can be made by credit/debit card over the telephone or by sending a cheque made payable to 'The Hearing Aid Repair Shop (UK) Ltd'.

DATA PROTECTION

- □ I do not wish to recieve information from HARS about services and promotions
- □ I do not wish to recieve relevant information from third parties

