

# HEARING AID REPAIR FORM



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

www.hars.co.uk

Freephone 08000 217721

## PERSONAL DETAILS

Name

Address

Town/City

County

Post Code

Telephone

Email


Where did you hear about HARS? \_\_\_\_\_

## DAMAGE DETAILS

Please give a brief description of the fault with the hearing aid:

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Examples: Broken battery compartment, broken switch or volume control, cracked case, broken removal handle, low sound level, rapid battery drainage.

## HEARING AID DETAILS *(More details can be found in your user manual)*

BTE

ITE

CIC

Make

Model

Serial No

## POSTAGE

Please pack your hearing aid securely in a padded envelope or box and send 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'

