

# HEARING AID REPAIR FORM

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



www.hars.co.uk  
Freephone: 0800 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:

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'