boohoo

We are sorry to hear that you have not yet received your parcel. As you have informed us that your parcel has not been received at the delivery address after the promised delivery date, we understand that you wish to claim reimbursement for the parcel contents.

In order for us to investigate and process your claim for the undelivered parcel, please complete the details below in full. Boohoo reserves the right to pass the below information onto our carriers in order to assist with the investigation of this claim and by signing this form you agree to co-operate in the event of any investigation into the missing parcel.

boohoo	Full Name: _____ Order No: _____	
Item description 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____	**Quantity:** _____ _____ _____ _____ _____ _____	**Product code** _____ _____ _____ _____ _____ _____
Have you claimed for missing products before? YES/NO If yes, please give details: _____ _____ _____	Delivery Address: _____ _____ _____ Postal Code/Zip Code: _____	
If the parcel has been signed for please confirm if the signature used is yours: YES/NO If no signature, please confirm location parcel has been left? _____	Have you checked the safe location? YES / NO If no, please give details: _____ _____	

By signing the below declaration you confirm that the above order has not been received at the delivery address stated above. In addition you declare that to the best of your knowledge, the information you have provided in this form is correct and truthful.
In the event that you subsequently receive any lost items, you must immediately email claims@boohoo.com and refund boohoo of any monies paid in reimbursement to you.

Once you have completed the details in full and hand signed the declaration, please send the form using one of the following methods;

1. Send your form via email to claims@boohoo.com using the courier name –claim & your order no as the Subject Matter
2. Post your form to: boohoo Claims Department P.O Box 553, Burnley, BB119GD.

Customer Name: _____ Signature: _____
(Please Print)   Date: _____

Internal Use Only
Denial of receipt form   Claim Ref No_____ Date of Receipt_____/_____/20____