

DNA Tests Direct New Zealand Cancellation/Refund Request Form

FOR LABORATORY USE ONLY

RECEIVED:
AMOUNT APPROVED:
APPROVED BY:
DATE:

Refund requests received within thirty (30) days of purchase will be processed to the original method of payment in accordance with the policies set out below.

All refund requests must be accompanied by a completed copy of this Cancellation/Refund Request Form.

If the order is cancelled before the test kit has been shipped, the total amount will be refunded less an administration fee of NZ\$70. Once the test kit has been shipped, a 50% refund (less any shipping fees) will be issued provided that you return the unopened test kit to the laboratory. The unused test kit and Cancellation/Refund Request Form must be returned at your own shipping expense. If you return the unused test kit using the prepaid mailer inside the kit, the return shipping cost will be deducted from your total refund amount.

No refund will be issued for refund requests that are received (i) more than 30 days after the initial order date, (ii) after one or more samples have been received at the laboratory; or (iii) after testing has begun. If you need to change the relationship type tested, contact our Customer Support Team instead of cancelling your test.

Please ensure that all fields are properly filled out. Incomplete and/or illegible forms will not be processed.

| ORDER INFORMATION | | | |
|------------------------------|-------------------------------------|------------|-------------|
| Date of Request (yyyy/mm/dd) | Date of Original Order (yyyy/mm/dd) | Order ID# | Password |
| First Name | | Last Name | |
| Mailing Address | | | |
| City | | Prov/State | Postal Code |

| ORIGINAL METHOD OF PAYMENT | |
|--------------------------------|-----------------|
| Credit Card Number (16 digits) | |
| Expiration Date | Cardholder Name |

Card Type: Visa Mastercard American Express Other _____

| REASON FOR REFUND/CANCELLATION |
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| |

| ACKNOWLEDGEMENT | |
|--|--------------------------------|
| I acknowledge that I have read the cancellation/refund policy as it is written on this form. I understand and fully comply with the policies set forth and I hereby authorize the cancellation of my test order. | |
| Signature | Date of Signature (yyyy/mm/dd) |

Upon approval of your cancellation/refund request, your test (order, case, and/or file) will immediately be cancelled.

EMAIL COMPLETED FORM TO support@dnatestsdirect.com.

