



# Watch / Clock Repair Form

TITLE:

NAME:

HOUSE NUMBER:

STREET:

TOWN / CITY:

POST CODE:

CONTACT NUMBER:

EMAIL ADDRESS:

WATCH BRAND:

IN GUARANTEE?  
(Please Tick)

YES

NO

DATE OF PURCHASE:  
(Please enclose proof of purchase)

FULL DETAILS OF PROBLEM:

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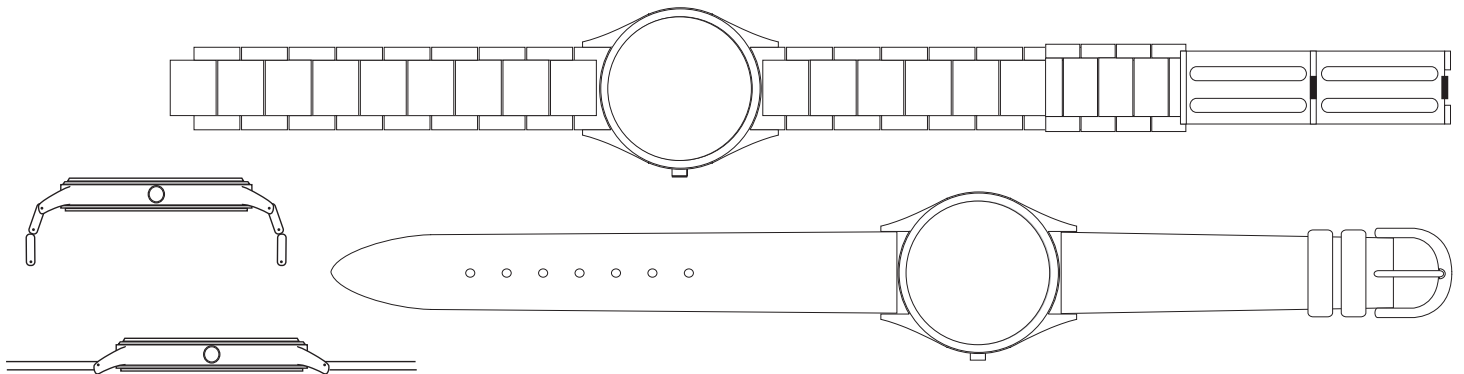
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MARK PROBLEM ON DIAGRAM:



BRACELET ALTERATION:

PLEASE ENCLOSE WRIST TAPE SUPPLIED WITH YOUR WATCH AND STATE THE DIAMETER OF YOUR WRIST. (e.g. 175mm)

WRIST SIZE:

mm