

**Snoreeze Oral Device Money Back
Guarantee Form**



We're sorry to see that the Snoreeze Oral Device has not met your expectations.

Your feedback is really important to us. We are always looking to improve our products and ensure that we meet the needs of our customers. Please take a few minutes to fill in the information below to help us understand why you felt the Snoreeze Oral Device was not the right product for you.

Please fill in the form below and return it, along with your Snoreeze Oral Device and proof of purchase, to:

Passion For Life Healthcare (UK) Ltd, Pioneer House, Pioneer Business Park, North Road, Ellesmere Port, Cheshire, CH65 1AD

Full name: _____

Address: _____

County: _____

Postcode: _____

Email: _____

How many nights did you use the device for before deciding to return it?

0 1-3 4-6 7+

In what way did the Snoreeze Oral Device fail to meet your expectations?

It was uncomfortable It did not stop/decrease the volume of my snoring

It did not provide relief from mild/moderate sleep apnoea Other

Please give us some more information about why you are returning the device, in order to help us understand what we can do to improve:

Kind regards,

The Snoreeze Team

Please note: qualifying refunds will be processed within 28 days of receipt of a valid application.

Your information will be used purely for the purposes of this money back guarantee and for our own use in our customer satisfaction records. Your information will not be given to any 3rd parties.