

EXCHANGE FORM

NAME: _____

ADDRESS: _____

POSTAL CODE: _____

COUNTRY: _____

E-MAIL ADDRESS: _____

PHONE NUMBER: _____

ITEM(S) TO BE EXCHANGED:

REASON FOR RETURN: _____

PLEASE COMPLETE THIS FORM AND INCLUDE IT WITH YOUR RETURN OR
YOUR RETURN WILL NOT BE PROCESSED. SEND ALL RETURNS BACK TO:

KOI MING ENTERPRISE PTE LTD
50, SOUTH BRIDGE ROAD
#01-00 CMO BUILDING
SINGAPORE 058682