



REDEMPTION FORM

THE BELOW FORM MUST BE COMPLETED IN FULL FOR THE REDEMPTION CLAIM TO BE PROCESSED.
WHERE INFORMATION IS NOT AVAILABLE PLEASE ENTER "NOT AVAILABLE".
ALL REDEMPTION FORMS ARE TO BE EMAILED TO: redemptions@raphael.co.uk

NEVER PROVIDE THE FULL LONG NUMBER ON THE FRONT OF YOUR CARD – PROVIDING THE FULL NUMBER CAN DELAY YOUR REDEMPTION CLAIM.

NAME OF PRODUCT

CARD NUMBER (PLEASE ONLY PROVIDE THE FIRST 6 AND LAST 4 DIGITS FROM THE LONG NUMBER ON THE FRONT OF YOUR CARD)														
						X	X	X	X	X	X			

Please provide your bank account details so that we can credit your account with the redeemed funds:

ACCOUNT NUMBER	
SORT CODE	
ACCOUNT PAYEE NAME	

So that we may process your redemption, please provide the following details:

NAME	
ADDRESS	
EMAIL ADDRESS	
DOB	
TEL	

Please provide any other details that may help us with your claim:

OTHER PRODUCT DETAILS – PLEASE DO NOT PROVIDE THE FULL LONG NUMBER ON THE FRONT OF YOUR CARD

Head Office