Name:		
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ity:	Province/County/State:	
Postcode/Zip:	Telephone:	
Email:		
	I would prefer my refund in the form of:	
	Virtual vouchers	
	Refund* □	
If you select this option, w	ve will be in touch with regards to how to pass on you	ur bank details to us securel
	Please do NOT enter them on this form.	
	How did you hear about this recall?	
	Website: games-workshop.com	
	Social Media	
	Word of Mouth	
	Retail store: Games Workshop or Warhammer	
	Retail store: Independent	
D.	se allow 28 days for receipt of your voucher/bank t	•