

Only valid form

All other applications will be declined if on any other form.

Holiday Loaner Request Form

Customer Information

First name Surname

Patient or guardian

Address

Shipping Address (if different from above)

Telephone No. Daytime No.

Clinic Contact

Bilateral patient (If patient is bilateral please state 2 required)

Loaner requested from: to:

Processors available for Holiday Loaner Holiday loaner does not include accessories.

	ESPril™ 3G	ESPril™ 3G for N22	Nucleus® Freedom	Freedom® for N22	Nucleus® CP810	CP810 for N24
Processor type	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please state number of processors required. Please state 2 required if bilateral recipient of device.

Requested colour*

Beige	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Brown	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Black	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Silver	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Colour of supplied processor is subject to availability

Remote assistant

Please state number of remote controllers required.

Hear now. And always





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Terms and Conditions

Prices quoted are per loaner device

Initial Cost	£35 + VAT (non-refundable)
If not returned in 30 days	A charge of £10 + VAT per day will be incurred up to a maximum of 10 days
If not returned in 40 days	You will be invoiced for £2000 + VAT as the processor will be presumed lost
Cleaning/testing charge for used processor	£45 + VAT

I acknowledge that I have read and understand the terms and conditions on the Holiday Loaner Information sheet. By signing, I accept and agree to pay the additional charges shown above under the Holiday Loaner scheme. By completing and by signing the bellow debit/credit card information I authorise Cochlear™ Europe Limited to charge any of the above charges which fall due to my debit/credit card.

Signed

Date

Print name

Credit/Debit Card Payment Details (cheques are not accepted)

Card Number

Start Date

DD/MM/YYYY

Switch only

Expiry Date

DD/MM/YYYY

Security Code

Last 3 digits on the reverse of the card

Please, return this form to:

Cochlear Europe Ltd

Customer Services - Holiday Loaners
6 Dashwood Lang Road, Bourne Business Park
Addlestone, Surrey KT15 2HJ
Tel: +44 (0)1932 871536
Email: repair-uk@cochlear.com

www.cochlear.com

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