

LOCK REPLACEMENT FORM

Traveler / Customer Name: _____

Address: _____

City: _____

State / Province: _____ Zipcode: _____

Country: _____

E-mail address: _____

Date of trip: __ / __ / __

Airport where luggage was checked: _____

Airline and Flight Number: _____

Comment:

Kindly provide us with the lock (if returned), and if possible the original receipt of purchase for your Safe Skies™ Luggage Lock, along with the TSA notification of baggage inspection so that we may honour our replacement policy.

Please use the shipping label below:

From: _____

Safe Skies
Quantum House, Level 8
49-51 York Street
Sydney, NSW 2000