

RMA FORM

Sender Information

Company Name :- _____

Address :- _____

Contact Person :- _____

Phone Number :- _____

Fax Number :- _____

E-Mail ID :- _____

SELECTION FOR : UNDER WARRANTY OUT OF WARRANTY

Purchase Invoice No :- _____ Purchase Date :- _____

Channel Partner (Distribrutor/Stockiest) Name :- _____

Country & City Name :- _____

Sr No.	Model Number	Serial Number	Qty	Detailed Description of Failure	REMARK
1					
2					
3					
4					
5					
6					
7					
8					

Special Comments : _____

Signature _____
(Sign or Type Name)

* We shall send you an estimate of the repairing charges in case the unit is out of warranty.