**RETURN MATEMATERIAL AUTHORISATION FORMFORM**

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Please fill this form and attach a copy to the material. The items are tested only for problems listed in the RMA form, so please describe the problem clearly. The statutory deadline for settling a claim starts after we have received all the necessary information on this document **(\* required)**. More items may be listed on one form. The RMA number is not required.

**\*PRODUCT NAMES, SERIAL NUMBERS** (if listed on the label):

**\*PROBLEM DESCRIPTION:**

****

**\*CUSTOMER:** **MATERIAL RECEIVED BY** (filled by Domat Control System):

**\*CONTACT PERSON** (for technical consultation), e-mail, ph.number: **DATE:**

**SERVICE DEPARTMENT STATEMENT** (cause of the problem):

|[ ] [ ] [ ] [ ] [ ]
|  |
| **without faults** | **damaged by customer** | **accepted HW defect** | **accepted SW defect** | **other** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**OTHERS:** (transport, priority–filled by Domat Control System):

