

Goods return for:	
Service	<input type="checkbox"/>
Complain	<input type="checkbox"/>
Repair	<input type="checkbox"/>
Maintenance	<input type="checkbox"/>
Item No.:	
Serial No.:	
Qty.:	

Type of product:	
NPWT System	<input type="checkbox"/>
Tracheal Pumps	<input type="checkbox"/>
Pump accessory	<input type="checkbox"/>
Surgical instruments	<input type="checkbox"/>
Implants	<input type="checkbox"/>
Endoscopic products	<input type="checkbox"/>
Other	<input type="checkbox"/>

Description of defect/repair/complain:

Guarantee	<input type="checkbox"/>
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Repair cost estimate	<input type="checkbox"/>
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Returned from:

Customer No.:	
Name of Company:	
Address:	
Contact Person:	
Tel./Fax:	
Email:	

Return - supplied accessories:

Statement to safe and non-hazardous goods shipments

<input type="checkbox"/>	It is confirmed that the goods listed here to return was not in use and is still in the original packaging.
<input type="checkbox"/>	It is confirmed that the goods listed here for return were already in use and have been correctly processed for the shipment and the subsequent evaluation.

Date:

Signature:
