

WARRANTY CLAIM (RMA) FORM (Europe, Individual)

Before you send us your non-functional device, please check if your claim is valid. The warranty claim is excluded if

- the date of purchase is more than 12 months ago
- the device has been physically damaged or gone wet
- in case of improper use

Please note that we can process your shipment only with a fully completed RMA form!

Shipping return address:

sysob IT-Distribution GmbH & Co. KG
Kirchplatz 1
93489 Schorndorf
Deutschland

Your contact details

Company	
Name	
E-Mail	
Phone (for questions)	

Full address for device return

Information about the defect device *REQUIRED FIELDS

<p>Date of purchase * Without a purchase date, warranty claim will be invalid.</p>	
<p>Purchased from (company)</p>	
<p>AirID serial number* Serial number is shown on backside of package or in the AirID menu "AirID info".</p>	
<p>Type of defect* (please select) Please describe the error as accurately as possible. Without error description, we cannot process your shipment and may need to return it for a fee.</p>	<input type="checkbox"/> Device can't be turned on any more <input type="checkbox"/> Smart card unreadable <input type="checkbox"/> Defective battery <input type="checkbox"/> Defective display <input type="checkbox"/> Switches/Buttons defect <input type="checkbox"/> Software Problems <input type="checkbox"/> Issues with the Bluetooth connection (please describe) <input type="checkbox"/> Other (please describe)

Only to be completed by the distributor

Shipment received (YYYY-MM-DD)	
Is there an existing warranty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all required fields filled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Right to warranty claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No, because <input type="checkbox"/> physical damage to the enclosure <input type="checkbox"/> improper use <input type="checkbox"/> other: _____
Return	<input type="checkbox"/> REPLACEMENT: New device as replacement New serial number: _____ <input type="checkbox"/> Customer has been informed and paid return has been agreed contact and date: _____
Scrapping	<input type="checkbox"/> The customer was informed and agreed to scrapping. contact and date _____

Only to be completed by the manufacture

Shipment received on (DD-MM-YYYY)	
RMA No. / registered on:	
Result technical analysis	