

Return Materials Authorization form



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| | |
|---|---|
| <i>To be completed by Wigersma & Sikkema B.V.</i> | |
| RMA-number | : |
| Receipt date W&S | : |

Wigersma & Sikkema B.V. expects the returned equipment to be clean and free of harmful substances.

Wigersma & Sikkema B.V. reserves the right to refuse a contaminated device.

| | | | |
|--------------|---|----------|---|
| Date | : | Contact* | : |
| Company* | : | Phone* | : |
| Order number | : | E-mail* | : |

| DEVICE DATA* | | | | | | |
|---|--------|-------------------|-----------|--|--|--|
| <p>Included accessories</p> <table border="1" style="width: 100%;"> <tr> <td>BDA 04</td> </tr> <tr> <td>Mounting material</td> </tr> <tr> <td>CI-module</td> </tr> </table> | BDA 04 | Mounting material | CI-module | <p>serial number(s) max. 10 lines per column</p> <table border="1" style="width: 100%; height: 100px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> | | |
| BDA 04 | | | | | | |
| Mounting material | | | | | | |
| CI-module | | | | | | |
| | | | | | | |

| REASON* | | | | | |
|---|--|--|--|---|--|
| <p>Explanation reason return</p> <table border="1" style="width: 100%; height: 100px;"> <tr> <td></td> </tr> </table> | | <p>Explanation:</p> <table border="1" style="width: 100%; height: 100px;"> <tr> <td></td> </tr> </table> | | <p>have you been in contact with Wigersma & Sikkema for the problem? If yes, enter the contact person below.</p> <table border="1" style="width: 100%; height: 100px;"> <tr> <td></td> </tr> </table> | |
| | | | | | |
| | | | | | |
| | | | | | |

| RETURN ADDRESS* | | | |
|------------------|---|--------|---|
| Company receiver | : | | |
| Street | : | Number | : |
| Postal code | : | City | : |
| Contact | : | | |
| Phone | : | | |
| E-mail | : | | |

*** Must be filled in. An incomplete form will not be processed.**