

REPAIR AUTHORIZATION FORM (RAF)

Company Name:	<input style="width: 95%;" type="text"/>	Repair Authorization No:	<input style="width: 95%;" type="text"/>
Name of Applicant:	<input style="width: 95%;" type="text"/>	Date:	<input style="width: 95%;" type="text"/>
Telephone No.:	<input style="width: 95%;" type="text"/>	Purchase Order No.:	<input style="width: 95%;" type="text"/>
Facsimile No.:	<input style="width: 95%;" type="text"/>	Warranty Expiry Date:	<input style="width: 95%;" type="text"/>
Email:	<input style="width: 95%;" type="text"/>	Project Reference:	<input style="width: 95%;" type="text"/>
Correspondence Address:	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>		Delivery Address:
	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>		

Type of Claim: Warranty Repair

Type of Product:

Model No	Serial No & Quantity (If any)	Details of the defect or problem

Submission By Applicant

Signature :

Name of Applicant:

Designation:

Date:

Delivery Order For Repaired Goods As Above & Received By

Signature :

Name of Recipient:

Designation:

Date:

Received & Repaired by Service Department (For Internal Use Only)

Name of Personnel: Date:

Type of Claim Under Warranty Warranty Void

Quotation Ref. No.: Purchase Order No.:

Remarks:

Complete this RA form and send via email at rma@sensorlink.com.my or fax it to us at +603 - 7983 9330. Ship the product to us with the RA number clearly marked on the outside of the box and enclose a copy of the RAF. Please use only authentic RA requisition forms available from the service section of the Sensorlink website or by our support personnel.

UNITS WITHOUT REPAIR AUTHORIZATION NUMBERS WILL BE RETURNED UNREPAIRED