



**Form: FR 19.05 / issue 03**

**Fills in: Returning Person**

**Form Name:**

**Return Card**

(returner's details)

Details of the returned electronic device

| Device type | Serial number | Manufacturing date | Description of the defect |
|-------------|---------------|--------------------|---------------------------|
|             |               |                    |                           |

Data of the device in which the electronic device is mounted (e.g. central heating boiler, refrigeration unit, etc.)

| Date of purchase | Device type | Serial number | Manufacturing date | Producer |
|------------------|-------------|---------------|--------------------|----------|
|                  |             |               |                    |          |

|                  |                              |                             |
|------------------|------------------------------|-----------------------------|
| Express Service* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------|------------------------------|-----------------------------|

\* **Additionally paid.**

|  |   |   |                                    |
|--|---|---|------------------------------------|
| Delivery method of repaired products:        | <input type="checkbox"/> Self-collection            | <input type="checkbox"/> Authorized person..... | <input type="checkbox"/> Forwarder |
| Request confirmation of repair date and cost | <input type="checkbox"/> Yes                        | <input type="checkbox"/> No                     |                                    |
| Contact person :                             | <i>(legibly Name and Surname, telephone number)</i> |   |                                    |

**ATTENTION! 10% discount if the Return Card is completed correctly.**

.....  
(address, date)

.....  
(signature)