

doc.no. 0855

Call-No.:	<u>Sender:</u>				
<u>Return address</u> Zimmer GmbH	Company:	E-Mail:			
Warenannahme Am Glockenloch 2	Customer No.:	Street:			
DE-77866 Rheinau	Contact person:	ZIP/Place:			
Fax: +49 (0) 7844 / 9139-1199 Email: service@zimmer-group.com	Different shipping address :				
	Company:	Street:			
	Contact person:	ZIP/Place:			

In case of warra	In case of warranty claim, please provide details of purchase:				
Purchase date:		Delivery note No.:			

## Please select the action required (1-5) and the reason for return (A-J) and enter them in the table below:

Action required:			Reason for return:			
1	Cost estimation* (50,00€ / Article)	A	Product does not meet stated per- formance parameters (Please provide description)	F	Article on trial	
2	Express-repair (at cost)**	В	Sluggish / stiff	G	Item incorrectly ordered	
3	Complaint/ Warranty Claim (Please speak to Zimmer Group contact prior to shipping item)	с	Leakage	н	Item has not been used and is not required	
4	Modification to another version (as offered)	D	Product does not have required function (Please provide description)	I	Crash / Wrong handling	
5	Return ***	E	Electrical problem (Please provide description)	J	Others (Please provide description)	

This fee is waived if the repair service or a replacement part is ordered. If the item is beyond economical repair, a new part will be quoted. Prioritised processing, no cost estimate will be offered; 30% surcharge on the total repair fee. The item will be repaired in the fastest possible

time.

\*\*\* Return of used standard-parts in time for delivery. Reimbursement less return storage costs and technical inspection of parts not originally packaged.

\*\*\*\* Has the part been exposed to hazardous substances? If yes, please indicate the exact name of the substance and submit the safety data sheet (in accordance with Regulation (EC) No 1907/2006).

Listing of the products:							
<u>Pos.</u>	Part number:	<u>Quan-</u> <u>tity:</u>	<u>Action</u> (1 to 5):	<u>Reason</u> (A to J):	<u>Current cy-</u> <u>cles:</u>	<u>Hazardous</u> <u>Substances</u> <u>Y/N?</u> ****	Description/Note:
1							
2							
3							
4							

Note: Please use transportation lock for clamping- and braking elements!

Further notes:

Date

Signature

## Please enclose the form to the return/repair.