

doc.no. 0853

Call-No.:

Return address

Zimmer GmbH Warenannahme Systeme Am Glockenloch 2 DE-77866 Rheinau

Fax: +49 (0) 7844 / 9139-1199 Email: service@zimmer-group.com

Sa	nd	۵r

Company:		E-Mail:		
Customer No.:		Street:		
Contact person:		ZIP/Place:		
Different shipping address :				
Company:		Street:		
Contact person:		ZIP/Place:		

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:			
1	Cost estimation* (277€ / Article)		
2	Express-repair (at cost)**		
3	Complaint/ Warranty Claim (Please speak to Zimmer Group contact prior to shipping item)		
4	Modification to another version (as offered)		
5	Return ***		

	Reason for return:				
Α	Product does not meet stated per- formance parameters (Please provide description)	F	Article on trial		
В	Sluggish / stiff	G	Item incorrectly ordered		
С	Leakage	н	Item has not been used and is not required		
D	Product does not have required function (Please provide description)	I	Crash / Wrong handling		
E	Electrical problem (Please provide description)	J	Others (Please provide description)		

- * This fee is waived if new 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:							
Pos.	Part number:	Quan- tity:	Action (1 to 5):	Reason (A to J):	Current cy- cles:	<u>Hazardous</u> <u>Substances</u> <u>Y/N?</u> ****	<u>Description/Note:</u>
1							
2							
3							
4							

Further notes:				
Date	Signature			
Please enclose the form to the return/repair.				

created: Bohnert, Vanessa **scope:** 100 - GMBH DOKUMENTE