

Complaint Form

for non-EU countries

Pease send	this form to the follo	owing e-mail address:			Sender: *
stm.rma@a					
			\neg		
Contact per	son for delivery: *				
					Your Email address:
Forwarder:	*				Telephone number:
					Alternate Address for Delivery:
Account nu	mber: *				
_					Billing address:*
(multiple	tional Measures				
Warranty					
Est	imate of costs				
Прог	nair				Additional information/ Remarks:
Repair					
Quantity*	Item No.*	Serial No.*	Receipt No.	Frr	or Description / Instructions *
Quartity	item No.	Serial No.	receipt 140.		of Description / Instructions
· · · · · · · · · · · · · · · · · · ·					
City/Date Na			rinted letters		Signature
Print Form					

*= Required field, please fill out!

Customer No.:*
Order No.:

Customer Ref.:

