

Warranty Claim Form

- Do not return products until an RMA number has been provided
- Warranty claims are accepted according to our Warranty Policy
- Please complete all shaded fields
- Incomplete forms will not be processed.

Product Information

Model Number	Serial Number	Date of Purchase (DD/MM/YY)	P.O. Reference
<u>Product condition (tick)</u> Unopened/Unused Damaged Used	<u>Purchased from (tick)</u> Antylia Scientific A dealer/distributor (name below)		Returns Reference

Your Information

Your Name	Your email address	Date of claim (DD/MM/YY)	Your phone number
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Product Return Address

Company Name:

Building:

Street:

City:

Zip/postcode:

Country:

Reason for Claim

Description of fault

When did the fault occur? (tick)

Immediately at first use

Within first 30 days of use

Other (please specify in days)

Click Button Below to Submit Completed Form to: cpSERVICE@antylia.com