RMA FORM



Company Name:		Contact Name:		Contact Number:	RMA No:	Date:		
Please fill in the below	details :							
Invoice Date:	Invoice No.	Item Code:	Serial No.	Fault (detailed description of fault):			Did you recieve an advanced replacement? (tick appropriately):	
							YES	□ NO
							YES	□ NO
							YES	☐ NO
							YES	□ NO
							☐ YES	□ NO
							☐ YES	□ NO
				Warranty Terms & Conditions:				
	4. All r 5 7.1	oroducts will be inspecte 5. All products will be ins 6. Goods The product warranty is v e case of faulty PTZ came	2. The RN 3. The R d for shortages; these wil pected for damages; in the returned within 14 days of valid between 1-3 years for eras, these must be sent b	A will not be actioned without a detail MA number is only issued for the good. I be noted and become chargeable in the case of a credit, no credit will be given of purchase (sale or return) must be in the date of invoice depending on the ack for repair. Advanced replacements is		case of a replacement. turned to sender. s otherwise stated. 30 days after purchase.		
	Cı				Date:			







