

WARRANTY CLAIM (RMA) FORM (Europe)

Before you send us your non-functional device, please check if your claim is valid. The warranty claim is excluded if

- the date of purchase is more than 12 months ago
- the device has been physically damaged or gone wet
- in case of improper use

Please note that we can process your shipment only with a fully completed RMA form!

Shipping return address:

sysob IT-Distribution GmbH & Co. KG
Kirchplatz 1
93489 Schorndorf
GERMANY

Your contact details

| | |
|-----------------------|--|
| Company | |
| Name | |
| E-Mail | |
| Phone (for questions) | |

Full address for device return

| |
|--|
| |
|--|

Information about the defect device *REQUIRED FIELDS

| | |
|--|--|
| Date of purchase * <small>Without a purchase date, warranty claim will be invalid.</small> | YYYY-MM-DD |
| Purchased from (company) | |
| AirID serial number* <small>Serial number is shown on backside of package or in the AirID menu "AirID info".</small> | |
| Type of defect* (please select) <small>Please describe the error as accurately as possible. Without error description, we cannot process your shipment and may need to return it for a fee.</small> | <input type="checkbox"/> Device can't be turned on any more <input type="checkbox"/> Smart card unreadable <input type="checkbox"/> Defective battery <input type="checkbox"/> Defective display <input type="checkbox"/> Switches/Buttons defect <input type="checkbox"/> Software Problems <input type="checkbox"/> Issues with the Bluetooth connection (please describe) <input type="checkbox"/> Other (please describe) |

Only to be completed by the distributor

| | |
|---------------------------------|--|
| Shipment received (YYYY-MM-DD) | |
| Is there an existing warranty? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are all required fields filled? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Right to warranty claim? | <input type="checkbox"/> Yes <input type="checkbox"/> No, because <input type="checkbox"/> physical damage to the enclosure <input type="checkbox"/> improper use <input type="checkbox"/> other: _____ |
| Return | <input type="checkbox"/> REPLACEMENT: New device as replacement New serial number: _____ <input type="checkbox"/> Customer has been informed and paid return has been agreed contact and date : _____ |
| Scrapping | <input type="checkbox"/> The customer was informed and agreed to scrapping. contact and date : _____ |

Only to be completed by the manufacture

| | |
|-----------------------------------|--|
| Shipment received on (DD/MM/YYYY) | |
| RMA No. / registered on: | |
| Result technical analysis | |