

The Service Centre

EQUIPMENT RETURNS FORM

NAME: (Previous Reference Number if Available)

REFERENCE
NUMBER HERE



0 ..

TELEPHONE 0 ..



MOBILE 0 ..

EMAIL 0 ..



PRODUCT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 S/N 0 0 0 0 0

PRODUCT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 S/N 0 0 0 0 0

PRODUCT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 S/N 0 0 0 0 0



- | | | | | | |
|----------|--------------------------|------------|--------------------------|--------------|--------------------------|
| Antenna | <input type="checkbox"/> | Transducer | <input type="checkbox"/> | Power Cable | <input type="checkbox"/> |
| Battery | <input type="checkbox"/> | Chart 1 | <input type="checkbox"/> | Chart 2 | <input type="checkbox"/> |
| Box | <input type="checkbox"/> | Handset 1 | <input type="checkbox"/> | Handset 2 | <input type="checkbox"/> |
| Manual | <input type="checkbox"/> | Sun Cover | <input type="checkbox"/> | Data Cable | <input type="checkbox"/> |
| Fist Mic | <input type="checkbox"/> | Bracket | <input type="checkbox"/> | Screw Mounts | <input type="checkbox"/> |



FAULT SYMPTOM:

0 ..

0 ..

NEW



0 ..

0 ..



0 ..

ADDRESS:

0 ..



NEW

0 ..

THERE IS A MINIMUM CHARGE FOR THE INSPECTION AND TEST OF YOUR EQUIPMENT OF ONE HOURS LABOUR AT THE CURRENT RATE + RETURN SHIPPING (IF APPLICABLE) + VAT PAYABLE AS A NON-REFUNDABLE DEPOSIT PRIOR TO INSPECTION AND TEST

