SIEVERT® Defective Product Information Form BM-06

Telefax to: + 46 - 8 629 22 66 - Sievert AB, Warranty Claims

Sievert AB registration number:	
Customer registration number:	

To be filled out by Company claiming Warranty

Company:		Customer No:	
Issued by:			
Fax number:			

Qty	Part No	Description	Defect	Date bought	Reserved for Sievert AB: Acc	Reserved for Sievert AB: Not acc

☐ Detailed info enclosed	Signature	Date

Reply from Sievert AB

Feedback from examination

Actions to be taken

Decisions from Sievert AB (Vretenvägen 13B, SE-171 26 Solna, Sweden)

Return the following to address above:			
Scrap the following:		Scrap remaining	

☐	Product returned after repair	Date
☐	Parts credited	Signature
☐	Products credited	