



Complaint form

Korta Gatan 9
171 54 SOLNA
Sweden

Product/service
Fax: +46 8 555 10601

PMV Complaint no:
.....

From _____

Date _____
Warranty claim Yes No

Reference: _____

Customer complaint no: _____

Phone: _____

Fax: _____

Product

1200 1500/1700 2000 P4 P5/EP5 F5 P3 M - kit Accessory Other/Service

PMV P/N _____

PMV S/N _____

Description of complaint: (enclosure) _____

Signature _____

To be filled in by PMV

Ankom PMV.....

Kund nr.....

Garanti
 Ja Nej

Order nr.....

Lev.datum.....

Utredning Se bilaga

Åtgärd/beslut Se bilaga

QA datum/sign _____

Åtgärd marknad Se bilaga

MA datum/sign _____