



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: _____

Phone: _____

Customer complaint no: _____

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 <input type="checkbox"/> Ja <input type="checkbox"/> Nej
Order nr.....	Lev.datum.....	
Utredning Se bilaga <input type="checkbox"/> _____ _____ _____ _____ _____		
Åtgärd/beslut Se bilaga <input type="checkbox"/> _____ _____ _____		
_____ <p style="text-align: right;">QA datum/sign</p>		
Åtgärd marknad Se bilaga <input type="checkbox"/> _____		

MA datum/sign