

**RETURN AUTHORIZATION FORM**

**RMA/2022/01/01**

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| **Basic Information** | | | |
| **Company Name** | **Contact Email** | **CSD Number** | **Date** |
| **BTiB** | **Andrea De Nardo** | **CSD-7753** | **10.10.2022** |

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| --- | --- | --- | --- | --- |
| **Returning Product Information** | | | | |
| **No.** | **Product name** | **Serial number** | **FW & HW version** | **Description of the defects** |
| **1.** | **iSMA-B-MIX** | **233445** | **2.1** | **nie dziala** |
| **2.** | **iSMA-B-** |  |  |  |

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| **Shipping Information** |
| 1. Please include completed RMA form and all required documentation with your returning shipment 2. Please ship the products to following address:   Technical Support Departament  iSMA CONTROLLI Poland S.A.  Budowlanych 27  80-298  Gdansk, Poland   1. Make sure products are returned in the condition they were received. |