

**RETURN AUTHORIZATION FORM**

**{{rma}}**

|  |  |  |  |
| --- | --- | --- | --- |
| **Basic Information** | | | |
| **Company Name** | **Contact Email** | **CSD Number** | **Date** |
| **{{cp}}** | **{{mail}}** | **{{csd}}** | **{{date}}** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Returning Product Information** | | | | |
| **No.** | **Product name** | **Serial number** | **FW & HW version** | **Description of the defects** |
| **1.** | **iSMA-B-{{device}}** | **{{sn}}** | **{{fw}}** | **{{problem}}** |

|  |
| --- |
| **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. |