

☐ Loan Return☐ Request for Service☐ Quotation Request

# REQUEST FOR SERVICE

(please use the print button after completion of form and send it with Device)

*\*all fields are mandatory fields and are required to be filled in before sending*

Serial Number of Device: (NB: Not Asset number)			
Organizations Name: (Hospital or VET) name:			
Description of problem experienced by the user of the device:			
Time and date of above problem:			
Contact Person:			
Email & phone number of person above:			
Address to which the repaired device should be returned to:			
Submitted by:		Dated:	

REM SYSTEMS PTY LTD delivery address:

3A, 6-10 Talavera Road  
Macquarie Park  
NSW 2113

N.B: Please be advised that any devices received without this form, may be delayed in turn-around times.