

Return application-form / Repair order

Shipper:

Company _____

ZIP/City _____

Contact person _____

Phone direct: _____

Email _____

Fax _____

AKIM AG

Breitenstrasse 16

CH-8852 Altendorf

(Switzerland)

Item to repair:

Item number / Type of gearbox _____

Customer item number _____

Serial number _____

Delivery note/Invoice _____

Description of the problem _____
