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WARRANTY CLAIM FORM  TO BE FILLED IN BY ALMAC AFTER SALES DEPARTMENT							
		. 02, (1111)	<b>O</b> 1 (17)	Warranty Claim n° _		Date:	
Machir	ne Model:	N	Machine S/N:		Hours:		
CUST	OMER			Reference Person ——			
				Mobile number			
			E-mail address				
FINAL CUSTOMER Reference Person							
					s		
ADDRI	ESS OF THE INT	ERVENTION PLACE			Duration Inter		
DESCRIPTION OF THE PROBLEMS							
COMPONENTS TO BE SENT BACK FOR WARRANTY CLAIM							
Qty	Part. NO.	Description					
Notes Stamp and signature							
TO BE FILLED IN BY ALMAC AFTER SALES DEPARTMENT							
Authorisation to warranty claim:   YES  NO Authorised by: Date: Notes:							
Authoris	sation to return the	part: 🗆 YES 🗆 NO A	Date :	Courier:	Transport cost :		
Authorisation to return the part:   YES   NO Authorised by:   Date:   Courier:   Transport cost:							
Qty	Part. NO.	Price of the part (each)		Reparation Cost	Total	Notes	
TOTAL AMOUNT THE CUSTOMER MAY INVOICE							