

doc.no. 0857

**Call-No.:**

**Sender:**

**Return address**

Zimmer GmbH  
 Warenannahme  
 Im Salmenkopf 5  
 DE-77866 Rheinau  
 Fax: +49 (0) 7844 / 9139-1199  
 Email: service@zimmer-group.com

<b>Company:</b>		<b>E-Mail:</b>	
<b>Customer No.:</b>		<b>Street:</b>	
<b>Contact person:</b>		<b>ZIP/Place:</b>	
<b>Different shipping address:</b>			
<b>Company:</b>		<b>Street:</b>	
<b>Contact person:</b>		<b>ZIP/Place:</b>	

<b>In case of warranty claim, please provide details of purchase:</b>			
<b>Purchase date:</b>		<b>Delivery note No.:</b>	

Please select the action required (1-5) and the reason for return (A-J) and enter them in the table below:

<b>Action required:</b>		<b>Reason for return:</b>			
1	Cost estimation* (50,00€ / Article)	A	Product does not meet stated performance parameters (Please provide description)	F	Article on trial
2	Express-repair (at cost)**	B	Sluggish / stiff	G	Item incorrectly ordered
3	Complaint/ Warranty Claim (Please speak to Zimmer Group contact prior to shipping item)	C	Leakage	H	Item has not been used and is not required
4	Modification to another version (as offered)	D	Product does not have required function (Please provide description)	I	Crash / Wrong handling
5	Return ***	E	Electrical problem (Please provide description)	J	Others (Please provide description)

- \* This fee is waived if the repair service or a replacement part is ordered. If the item is beyond economical repair, a new part will be quoted.
- \*\* Prioritised processing, no cost estimate will be offered; 30% surcharge on the total repair fee. The item will be repaired in the fastest possible time.
- \*\*\* Return of used standard-parts in time for delivery. Reimbursement less return storage costs and technical inspection of parts not originally packaged.
- \*\*\*\* **Has the part been exposed to hazardous substances?** If yes, please indicate the exact name of the substance and submit the safety data sheet (in accordance with Regulation (EC) No 1907/2006).

<b>Listing of the products:</b>							
<u>Pos.</u>	<u>Part number:</u>	<u>Quantity:</u>	<u>Action (1 to 5):</u>	<u>Reason (A to J):</u>	<u>Current cycles:</u>	<u>Hazardous Substances Y/N?****</u>	<u>Description/Note:</u>
1							
2							
3							
4							

<b>Further notes:</b>

Date

Signature

**Please enclose the form to the return/repair.**