

This form must be completed in full and returned to Globe Microsystems by fax, email or post before we will accept the return of any goods.

BY POST: RETURNS DEPT, GLOBE MICROSYSTEMS LIMITED, UNIT D7, SANDOWN INDUSTRIAL PARK, ESHER, SURREY, KT10 8BL.

BY FAX: 01372 471200 ATTENTION RETURNS DEPT

BY EMAIL: RETURNS@GLOBEMICRO.COM FOR ASSISTANCE WITH THIS FORM CALL JACKIE DALEY ON 01372 471000

When this form has been checked by Globe Microsystems we will contact you and confirm whether the return is accepted. If it is accepted please note that we will still need to verify the goods conform to your description and are of the appropriate condition before a formal approval is made. Please also read our terms and conditions for the return of goods and attach one completed copy of this form with the returned goods.

CUSTOMER RETURNS NUMBER CRN- _____ DATE OF ISSUE: _____ VALID FOR 14 DAYS ONLY

customer details

list here your contact details in full

contact name
company name
address

postcode
country
telephone number
facsimile number
email address

faulty equipment details

list here details of the equipment with a reported fault

description and quantity	serial number(s)	invoice number	reason for requested return

if returning additional items or providing further information attach a further sheet and tick here

specific returns conditions

Globe Microsystems Limited terms and conditions apply except where specifically modified herein.

We reserve the right to refuse delivery of inappropriately packaged items, items which do not conform to the description in this form, or items which are not accompanied by a copy of this form. Acceptance of delivery of goods does not constitute acceptance of any claim.

Faulty goods must also be notified by completion and return of this form to Globe Microsystems Limited within the relevant warranty period for the benefits of the warranty to be applied. The faulty goods must also be returned to Globe Microsystems Limited within 14 days of the CRN Number being issued for the warranty to apply.

signature
please print name
position
company
date of signature

lower section for globe microsystems limited official use only

APPROVED BY: _____ NOTIFIED DATE: _____ NOTIFICATION BY: _____ INSPECTION STATUS: _____