**To be completed by Sender** Consignee

Company Name: ………….………….……………………………… **SIUS AG**

First/Last Name: ………….………….……………………………… Repair dept.

Street/No.: ………….………….……………………………… Im Langhag 1

ZIP/City: ………….………….……………………………… 8307 Effretikon

Country: ………….………….……………………………… Switzerland

Phone: ………….………….……………………………… +41 52 354 60 44

e-mail: ………….………….……………………………… repair@sius.com

Date: ….../….../…….…... SIUS Project No.: P- …...……………..……

 Required for warranty

Your Project ID: ………….………….……………………………… Customer No.: C- …...….…….…………

 Installation Date: ….../….../…….…...

Defective Item: ………….………….……………………………… Serial Number: .……...……………………

Defect/Problem Detailed report reduces repair time and cost

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Additional Comments

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**To be completed by SIUS**

Date of Reception: ….../….../…….…... Repair No.: P- …...……………..……

Date of Repair: ….../….../…….…... Customer No.: C- …...……….….………

Warranty: [ ]  Yes [ ]  No

[ ]  Defective Component [ ]  Mechanical Defect [ ]  Overvoltage [ ]  Lightning [ ]  Water Damage

[ ]  Small Component Replaced [ ]  Part Replaced [ ]  Complete Replaced [ ]  Software Update

[ ]  No fault found. We checked your device thoroughly but could not find the claimed defect. Should the same error occur within 6 months and it can be
 understood by SIUS AG this checking lump-sum will be deducted from the invoice for reparation or exchange.

[ ]  Fully Checked [ ]  Worn Wear Material Replaced

Additional comments

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