

	ANNEXES AND FORMS BOOK					
	Refers to: SERVICE ACTIVITIES					
	CLAIM FORM		<table border="1"> <tr> <td>Form nr</td> <td></td> </tr> <tr> <td>Issue nr</td> <td></td> </tr> </table>	Form nr		Issue nr
Form nr						
Issue nr						

1. Details of the complaint

Complaint Number* ...

Name / Company
 Address
 Tel. E-mail
 Contact person

2. Characteristics of claimed device (name, serial number, producer)

3. Description of claimed service**

4. Description of the problem

Date of incident
 Description of incident

5. Request for repair / intervention

yes ☐ no ☐

6. Date, signature

Date

Signature

7. Attachments

yes ☐ no ☐

List of attachments:

* filled in by INMED S.A.

** filled in when service is claimed