

Warranty claim form

Date of submission.....



Tax Identification Number

Company name

Address

Postcode, town/city

Shipping address (for returning devices) Same as above

.....
.....

Postcode, town/city

Contact person
Name and surname

Phone

Mail

Device model

Serial No. (under the barcode)
.....

Fault description
.....
.....
.....

Please send the device with the completed document to the following address:

APAR SERVICE
ul. GAŁCZYŃSKIEGO 6
05-090 RASZYN

Please fill in all fields. Completion of an incomplete application may last longer.