

Return Request Form

Fields to be filled by partner

| | |
|-----------------|--|
| Company:* | |
| Country: | |
| Address: | |
| Tlf: | |
| Contact person: | |
| E-mail: * | |

* Required field

Fields to be filled by ZKTecoEU

| | |
|------------------|--|
| DEV N° | |
| Request date: | |
| Technician: | |
| Reception Date: | |
| Evaluation Date: | |

| | | | |
|------------|------------|-----------|------------|
| State list | 1-Accepted | 2-Damaged | 3-Rejected |
|------------|------------|-----------|------------|

Product Information

| | | | | | | |
|---|-------|--|---------------|--|--------------|--|
| # | Model | | Serial Number | | Invoice Date | |
|---|-------|--|---------------|--|--------------|--|

Please ensure to return the devices in same conditions as received: Original Box + Accessories + Manual

Problem Description

| | | | | | |
|----------|--|-------|--|-------|--|
| Warranty | | State | | Notes | |
|----------|--|-------|--|-------|--|

Product Information

| | | | | | | |
|---|-------|--|---------------|--|--------------|--|
| # | Model | | Serial Number | | Invoice Date | |
|---|-------|--|---------------|--|--------------|--|

Please ensure to return the devices in same conditions as received: Original Box + Accessories + Manual

Problem Description

| | | | | | |
|----------|--|-------|--|-------|--|
| Warranty | | State | | Notes | |
|----------|--|-------|--|-------|--|

Product Information

| | | | | | | |
|---|-------|--|---------------|--|--------------|--|
| # | Model | | Serial Number | | Invoice Date | |
|---|-------|--|---------------|--|--------------|--|

Please ensure to return the devices in same conditions as received: Original Box + Accessories + Manual

Problem Description

| | | | | | |
|----------|--|-------|--|-------|--|
| Warranty | | State | | Notes | |
|----------|--|-------|--|-------|--|

| | | | | | | |
|---|-------|----------------------|---------------|----------------------|--------------|----------------------|
| # | Model | <input type="text"/> | Serial Number | <input type="text"/> | Invoice Date | <input type="text"/> |
|---|-------|----------------------|---------------|----------------------|--------------|----------------------|

Please ensure to return the devices in same conditions as received: Original Box + Accessories + Manual

Problem Description

Warranty State Notes

| | | | | | | |
|---|-------|----------------------|---------------|----------------------|--------------|----------------------|
| # | Model | <input type="text"/> | Serial Number | <input type="text"/> | Invoice Date | <input type="text"/> |
|---|-------|----------------------|---------------|----------------------|--------------|----------------------|

Please ensure to return the devices in same conditions as received: Original Box + Accessories + Manual

Problem Description

Warranty State Notes

| | | | | | | |
|---|-------|----------------------|---------------|----------------------|--------------|----------------------|
| # | Model | <input type="text"/> | Serial Number | <input type="text"/> | Invoice Date | <input type="text"/> |
|---|-------|----------------------|---------------|----------------------|--------------|----------------------|

Please ensure to return the devices in same conditions as received: Original Box + Accessories + Manual

Problem Description

Warranty State Notes

| | | | | | | |
|---|-------|----------------------|---------------|----------------------|--------------|----------------------|
| # | Model | <input type="text"/> | Serial Number | <input type="text"/> | Invoice Date | <input type="text"/> |
|---|-------|----------------------|---------------|----------------------|--------------|----------------------|

Please ensure to return the devices in same conditions as received: Original Box + Accessories + Manual

Problem Description

Warranty State Notes

| | | | | | | |
|---|-------|----------------------|---------------|----------------------|--------------|----------------------|
| # | Model | <input type="text"/> | Serial Number | <input type="text"/> | Invoice Date | <input type="text"/> |
|---|-------|----------------------|---------------|----------------------|--------------|----------------------|

Please ensure to return the devices in same conditions as received: Original Box + Accessories + Manual

Problem Description

Warranty State Notes

| | | | | | | |
|---|-------|----------------------|---------------|----------------------|--------------|----------------------|
| # | Model | <input type="text"/> | Serial Number | <input type="text"/> | Invoice Date | <input type="text"/> |
|---|-------|----------------------|---------------|----------------------|--------------|----------------------|

Please ensure to return the devices in same conditions as received: Original Box + Accessories + Manual

Problem Description

Warranty State Notes

| | | | | | | |
|---|-------|----------------------|---------------|----------------------|--------------|----------------------|
| # | Model | <input type="text"/> | Serial Number | <input type="text"/> | Invoice Date | <input type="text"/> |
|---|-------|----------------------|---------------|----------------------|--------------|----------------------|

Please ensure to return the devices in same conditions as received: Original Box + Accessories + Manual

Problem Description

Warranty State Notes

| | | | | | | |
|---|-------|----------------------|---------------|----------------------|--------------|----------------------|
| # | Model | <input type="text"/> | Serial Number | <input type="text"/> | Invoice Date | <input type="text"/> |
|---|-------|----------------------|---------------|----------------------|--------------|----------------------|

Please ensure to return the devices in same conditions as received: Original Box + Accessories + Manual

Problem Description

Warranty State Notes

| | | | | | | |
|---|-------|----------------------|---------------|----------------------|--------------|----------------------|
| # | Model | <input type="text"/> | Serial Number | <input type="text"/> | Invoice Date | <input type="text"/> |
|---|-------|----------------------|---------------|----------------------|--------------|----------------------|

Please ensure to return the devices in same conditions as received: Original Box + Accessories + Manual

Problem Description

Warranty State Notes

| | | | | | | |
|---|-------|----------------------|---------------|----------------------|--------------|----------------------|
| # | Model | <input type="text"/> | Serial Number | <input type="text"/> | Invoice Date | <input type="text"/> |
|---|-------|----------------------|---------------|----------------------|--------------|----------------------|

Please ensure to return the devices in same conditions as received: Original Box + Accessories + Manual

Problem Description

Warranty State Notes