

## Returned Goods Authorisation (RGA) form [REV.8 6-5-17]

Please complete this form in its entirety and submit to your existing Ticket at [portal.owandyus.com](http://portal.owandyus.com) before sending or requesting any goods.

**NOTE:** This form is valid for one return only. All the fields are mandatory: if this form is not completely filled it could be result in a delay in the RGA process.

*Company Name :	
*Company Address :	
*Contact Name :	*E-mail address :
*Phone number :	Fax number :

Customer name:

Customer signature:

Date:

Section for Owandy Inc only

Ticket No. [ ]

**RGA NUMBER assigned:**

VSM officer signature:

Date:

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### Product information

Model Name & No.:	System Serial Number
Customer's Name & Info:	Customer's Location:
Date of Failure:	
Reasons for claim: <div style="display: inline-block; vertical-align: top; margin-left: 20px;"> <input type="checkbox"/> Permanent defect  <input type="checkbox"/> Intermittent defect         </div>	
Failure conditions: <div style="display: inline-block; vertical-align: top; margin-left: 20px;"> <input type="checkbox"/> During switch ON  <input type="checkbox"/> During normal operation  <input type="checkbox"/> Other (maintenance, upgrade, ...): ...         </div>	
Failure description:	
Error messages:	
Abnormal symptoms prior or during the failure:	
Prior to breakdown, was the unit working properly? <div style="display: inline-block; vertical-align: top; margin-left: 20px;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No, failure during installation  <input type="checkbox"/> No, it was working but with the following limitation:         </div>	

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**Additional tests performed and notes (please describe them):**

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**NOTE:** Products for which are in claims of warranty due to **physical damages**. Whether the damage is found during use or upon opening, we must receive photo proof of the damages.

**Defective parts to be returned for replacement or repair:**

p/n	description	qty	request of warranty	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Quotation request (in case of out of warranty repair):** ☐ Yes ☐ No

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**Return of Goods:**

**Please securely package & return all damaged goods in one shipment at your shipping cost to:**

**Owandy Inc  
199 Park Road Ext., Suite 107  
Middlebury, CT 06762 USA  
Attn: RGA Department  
Reference: Ticket #  
Phone: (203) 745-0575**

**Address for return of goods (if other) and any special instructions**

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