

RMA FORM

Company/Consumer Name	<input type="text"/>		
Street	<input type="text"/>	Order/Invoice Nr.	<input type="text"/>
City, Zip code	<input type="text"/>	Phone Nr.	<input type="text"/>
Country	<input type="text"/>	E-Mail	<input type="text"/>

	Device	S/N	Defect description
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

1. Please fill in this form and enclose it with your shipment.
2. Send your package(s) to the following address:

**GETIC SIA
RMA Department
Satiksmes street 6
Liepaja
LV-3401
Latvia**

***- non-EU customers must declare the shipment as no commercial value/returned for repair to avoid incurring import fees. If this is not done the shipment will be refused.**

3. You will be informed about processing of your complaint by our RMA department.