

RETURN AUTHORISATION REQUEST FORM

CLAIM REASON:	
63	NOT COMPLIANT
64	DEFECTIVE

DATE	COMPANY NAME

CLAIM REASON 63 entails a brief description of the non-compliance. f.i. wrong packaging, wrong quantity, delayed delivery, different part, etc.

CLAIM REASON 64 entails a mandatory filling of form Doc.39A R.04

CLAIM REASON	PART No.	Q.TY	INVOICE No.	INVOICE DATE	DEFECT/NON-COMPLIANCE DESCRIPTION *
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

*** ADDITIONAL COMMENTS:**
