# Return Material Form

## Improved External Issue Management, Information from Customers

In order to speed up our process of investigation and enable us to react as prompt and correct as possible, we appreciate Your help in filing all available information in the form below for any issue experienced with a Flonidan product.

# Please fill in the following information, whenever available:

|  |  |  |
| --- | --- | --- |
| Customer details: | | |
|  | Company name\* |  |
|  | Contact person\* |  |
|  | Email\* |  |
|  | Phone\* |  |
|  | Your reference |  |
| Order details: | | |
|  | Sales order no. |  |
|  | Invoice no. |  |
|  | Date of order delivery | Click here to enter a date. |
| Issue details: | | |
|  | Product affected\* |  |
|  | Item no. |  |
|  | Quantity affected\* |  |
|  | Serial number(s): |  |
|  | Symptom observed\* |  |
|  | Date of observation\* | Click here to enter a date. |
|  | Observed by  (Function and name) |  |
|  | Location of observation |  |
|  | Pictures documenting the issue attached? | Yes  No |
| *Please note, that information marked with a \* is mandatory* | | |
|  | | |

* Report this form per email to <issuemanagement@flonidan.dk>
* Await for Flonidan to supply a reference number to the reported issue before shipment
* Ensure, that the shipment is clearly labelled with the reference number

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