



## RETURN MATERIAL AUTHORIZATION

DATE : \_\_\_\_\_

### Request Form

**RMA No: \_\_\_\_\_ (filled by Metron)**

For every return i) an RMA Form must be filled in by the customer ii) an approval must have been given by the company. Please complete the form and email it to your dedicated Supply Chain employee. An Incomplete Form may result in the delay of processing your request.

CUSTOMER			
Company Name		V.A.T. No	
Contact Name		Email	

GOODS TO BE RETURNED			
Description	Quantity	Project No	Reason

1. After receiving your RMA Request Form approval from your dedicated supply chain employee, please declare the RMA number on the packaging – pallet of your returned goods.
2. After the technical examination of the returned parts from our service personnel, you will be notified with the results.

