

**Subject: Return Materials Authorisation request**  
 To: info@hukseflux.com

**RMA request form**  
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*Materials, i.e. products or parts of products, may only be sent to Hukseflux after obtaining a Return Materials Authorisation and the accompanying RMA number. To obtain such authorisation, confirmed by issue of the RMA number, please complete the form below and e-mail it to info@hukseflux.com*

<b>REQUEST FOR RETURN MATERIALS AUTHORISATION (RMA NUMBER)</b>	
Date (DD-MM-YY)	
Customer company name	
Country	
Customer contact person	
Telephone number	
E-mail address	
Hukseflux invoice or order confirmation number	
Name of supplying company (if other than Hukseflux)	
Type of request <i>Restocking is possible only for as-good-as-new products (to be judged by Hukseflux) and subject to a restocking fee. Complaints and repairs not under warranty may be subject to a diagnostics fee, also if no repair follows.</i>	<input type="checkbox"/> Recalibration <input type="checkbox"/> Repair <input type="checkbox"/> Complaint <input type="checkbox"/> Restocking <input type="checkbox"/> Rental return
Expected shipping date from customer (DD-MM-YY)	
Product model(s)	
Product alterations, please add separate pictures by e-mail	<i>Hukseflux is not responsible for keeping alterations intact in case repair and/or recalibration is required.</i>
Quantity	
Serial number(s)	
For digital sensors please mention Modbus address: BAUD rate: Parity:	
In case of repair or complaint, please describe in some detail your observations on the cause of the RMA request (add separate picture in case of damage and in other cases if useful).	
In case of repair or complaint, please indicate if the product user manual was read and the procedures listed in the Troubleshooting chapter were followed.	<input type="checkbox"/> Yes
In case of calibration, please specify any special calibration reference conditions.	
The materials have been cleaned, all fluids have been removed and the materials have not been in contact with dangerous goods and pose no health and safety risks.	<input type="checkbox"/> Yes

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**SHIPPING INSTRUCTIONS**

1. You will receive an RMA number within 3 working days.  
You will also receive a Proforma Invoice. This Proforma Invoice is a preliminary quotation only, which may be adapted after receipt of goods and diagnostics.  
Do not ship without the RMA number.  
Mention the RMA number on the shipment documents and in the subject line of all relating correspondence.
2. When the product is combined with a separate cable, and/or Hukseflux control-and-read-out-unit LI19, CRU02, or MCU, please ship these products too.
3. Ship only dry and clean instruments.
4. No liquids or hazardous materials should be present in the product or the shipment.
5. Remove parts that were not included with the original product as much as possible.
6. Make sure the product is properly packed and marked with the RMA number.  
(Hukseflux does not take responsibility for any damage caused during shipment and handling before receipt of goods.)
7. Shipping address:  
  

Hukseflux Thermal Sensors B.V.  
Service department RMA#SOxxxx  
Delftechpark 31  
2628 XJ Delft  
The Netherlands
8. When initiating the return from outside the European Union, the shipment documents should contain the HS code of the instrument (can be found on the original invoice) and the descriptions "item returned to manufacturer for repair; no commercial value" and "value for customs: EUR 15,-".  
Please do not write down the value of the instrument purchasing cost. This value is not relevant in the transaction of servicing and may lead to higher import duties.
9. Unless otherwise negotiated, customers are responsible for shipment to Hukseflux and, if applicable, also for later pickup and transport from Hukseflux.
10. Complaints and repairs not under warranty may be subject to a diagnostics fee, typically EUR 80,- also if no repair follows.

*We accept the above procedure and Hukseflux General Conditions of Sale and confirm that materials to be returned are cleaned and decontaminated in compliance with good practices, and are packaged appropriately.*

Check box for confirmation

Name person signing for release	
Name, Surname, Date	