

Recipient

G.i.N. GmbH - Repair department - Raiffeisenstraße 15 - D / 64347 Griesheim

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Sender

Delivery address

Company name*

First and last name*

Department

Street, House number*

Country, postal code, city*

Contact person for
technical questions*

Phone number*

E-Mail address*

E-Mail address for
eventual repair costs*

Support ticket number

Device data

Product name

Serial number*

Firmware version

Detailed error description*

Date, Signature*

*Mandatory filed