



CLAIM no.: 00001

CUSTOMER

ID no.:

Date: / /

INTERNATIONAL CLAIM SYSTEM - RETURN POLICY

MANUFACTURING PROBLEM

USING PROBLEM

SHOP INFORMATION

OFFICIAL DISTRIBUTOR

SHOP NAME: ADDRESS:

SHOP NAME: ADDRESS:

PHONE: E-MAIL: CONTACT:

PHONE: E-MAIL: CONTACT:

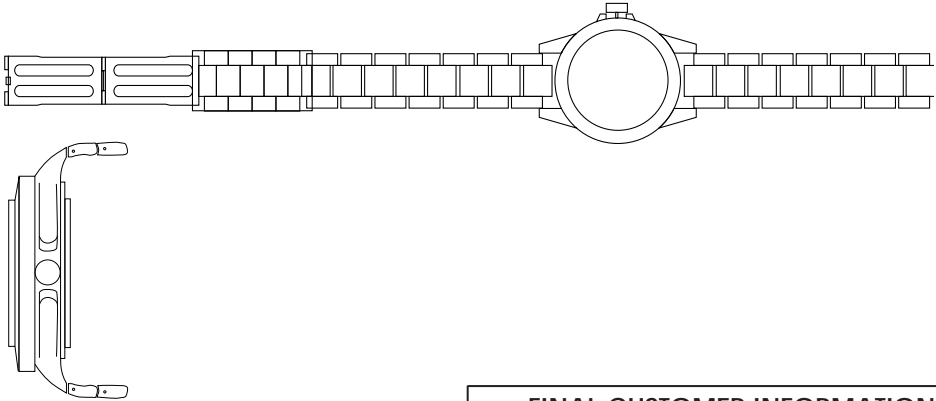
PROBLEM DESCRIPTION:

Hands Movement

Band Water Resist.

Crown Other

WATCH Ref:



FINAL CUSTOMER INFORMATION

To be completed by the factory:

ACCEPTED REFUSED

NAME: ADDRESS:

For and on behalf of

Authorized Signature

PHONE: EMAIL:

Please submit this form clearly stating the nature of the fault, with the completed watch warranty leaflet (with stamp of shop) and the proof of purchase (invoice) to make the claim valid.



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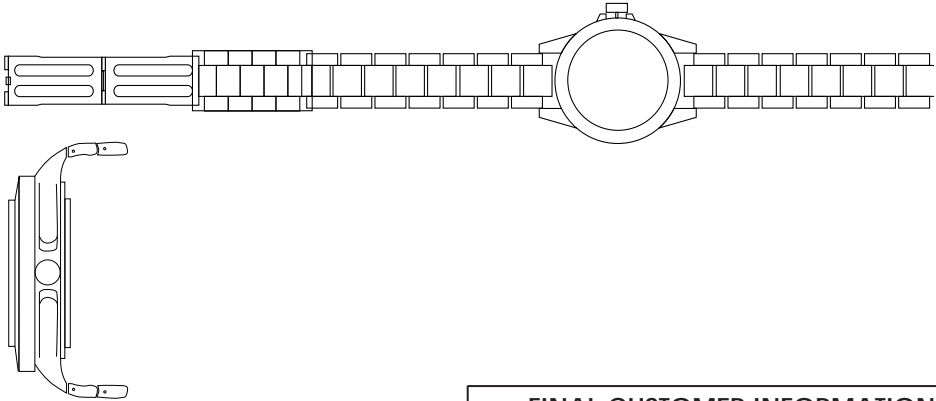
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CLAIM no.: 00001

DISTRIBUTOR

ID no.:

Date: / /

INTERNATIONAL CLAIM SYSTEM - RETURN POLICY

MANUFACTURING PROBLEM

USING PROBLEM

SHOP INFORMATION

OFFICIAL DISTRIBUTOR

SHOP NAME:
ADDRESS:
PHONE:
E-MAIL:
CONTACT:

SHOP NAME:
ADDRESS:
PHONE:
E-MAIL:
CONTACT:

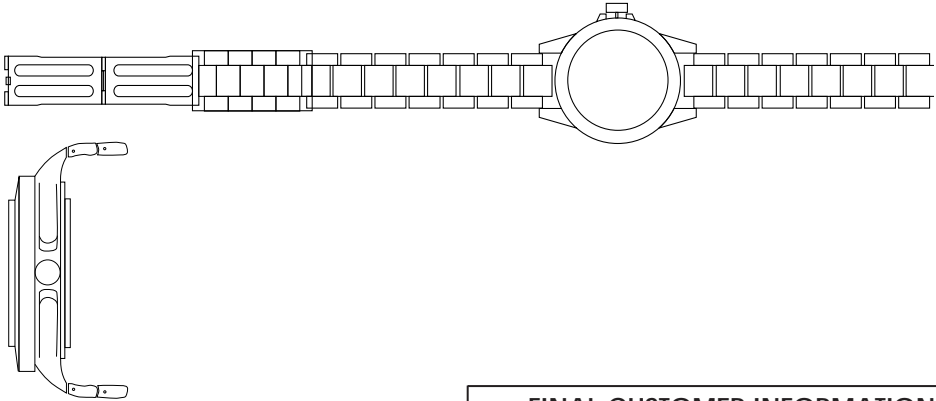
PROBLEM DESCRIPTION:

Hands Movement

Band Water Resist.

Crown Other

WATCH Ref:



FINAL CUSTOMER INFORMATION

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CLAIM no.: 00001

FACTORY

ID no.:

Date: / /

INTERNATIONAL CLAIM SYSTEM - RETURN POLICY

MANUFACTURING PROBLEM

USING PROBLEM

SHOP INFORMATION

SHOP NAME:
ADDRESS:
.....
.....
PHONE:
E-MAIL:
CONTACT:

OFFICIAL DISTRIBUTOR

SHOP NAME:
ADDRESS:
.....
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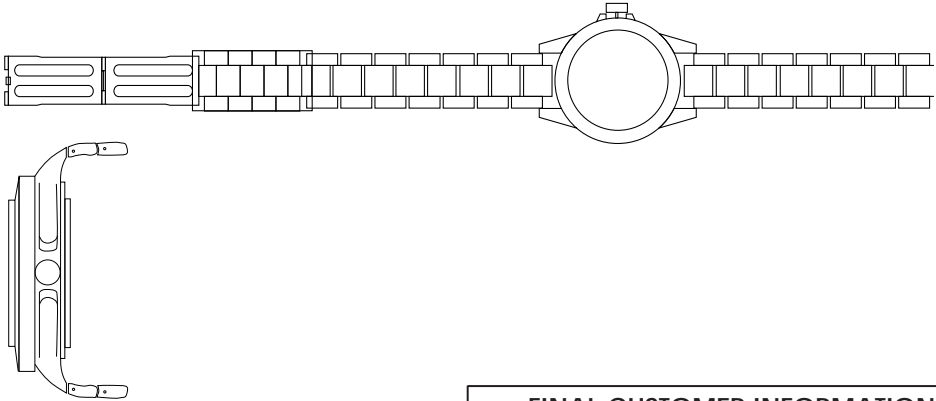
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