



WARRANTY / SERVICE FORM

Contact information: (Write clearly)

Date Repair no Customer no. At NW-Group

Name/Store:

Contactperson:

Adress:

Zip Code/Country:

Phone:

E-mail:

The information above will be used as return address

Product information: (Note do not send more than necessary or gift box*)

Model no:

Product name:

Customer Information:

Customers name:

Phone no:

Önskad reparation:

- Warranty (copy of the receipt required)
- External cause/Expired warranty (price estimate)

Describe the problem as detailed as possible (Descriptions such as "not working" isn't enough).

NW-Groups notes. leave empty

NOTE! Regarding warranty claims, a copy of the receipt must be attached (do not send the original receipt). Do not send the giftbox. Products without a receipt will be sent back at the cost of shipping.

In submitting this form, acknowledge that I have been informed and accepted the following: In case of an unapproved warranty claim, a price estimate will be sent. NW-Group reserve rights to charge an investigation cost at 100 SEK net plus in the case of a denied price or an unapproved warranty. *Giftboxes will not be returned.

City/date:

Signature:

Name (please write clearly)



PRIORITAIRE
1:a-klassbrev

IBRS/CCRI NO: 20603058



REPLY PAID/RÉPONSE PAYÉE
SWEDEN/SUÈDE

Nordic Watchmakers Group AB

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SWEDEN

