

## Processing of complains

Please fill in position A to F and send the request for acceptance of reconsignment to INAQUA.

Company:	Contact person:
Address:	Post code:
City:	Country:
phone:	Fax:
E-Mail:	Enquiry date:

Pos.	Description	Quantity	invoice or deliverynote		Reason of return	original pack-aging::	TO FILL IN FROM INAQUA WITH YES OR NO, SIGN AND DATE		
			No.	date			Yes	no	
						Yes	Yes		
						no	no		
						Yes	Yes		
						no	no		
						Yes	Yes		
						no	no		

**IMPORTANT: Please quote invoice or delivery note of INAQUA, whereof you received the goods you want to resend !**

