**Request for Return Material Authorization (RMA)**

**NOTE: Customers are not authorized to return parts without express written approval from SIXPACK Technology Co., LTD. Unauthorized returns will be rejected.**

Your RMA will only be processed if it meets the following criteria:

1. Parts being returned must match original sales order.
2. Parts must be within warranty period. (Contact Customer Support Representative for warranty conditions)
3. Parts that fall within SIXPACK TECHNOLOGY CO., LTD operating specifications or are deemed defective due to customer misapplication will be returned as is, and may be subject to an evaluation fee. (Case by case)
4. Parts must be returned in adequate condition in proper packaging and shipping material. Failure to do so will result in product returned to sender. If shipping batteries, please observe the packaging instructions according dangerous goods class 9.
5. If you need immediate replacement, provide your Customer Support Representative with a new PO. Please note, SIXPACK TECHNOLOGY CO., LTD reserves the right to return product which is deemed customer damaged or no fault found from the RMA.
6. Corrective Action Request (CAR) will be honoured in accordance with SIXPACK TECHNOLOGY CO., LTD internal Quality guidelines.
7. Requests to return parts to the P.R.C that are currently outside mainland China must include the import declaration below.
8. Customer is responsible for complying with all import and export requirements for returning parts to SIXPACK Technology Co., LTD for repair/service.
9. Customer must sign the declaration below.

**CUSTOMER DECLARATION FOR RETURNED PARTS IMPORTED INTO THE P.R.C**

We, (Customer’s details information such as company name, address, phone number, tax ID and so on, declare that to the best of my knowledge and belief the parts requested to be returned to SIXPACK Technology Co., LTD were exported from the People’s Republic of China, on or about MM/DD/YYYY and that they are returned without having been advanced in value or improved in condition by any process of manufacture or other means.

|  |  |  |  |
| --- | --- | --- | --- |
| Print Name |  | Signature: |  |
| Title: |  | Date: |  |

**Section 1**

Fill in all required data below. One form is required for each part number being returned. RMA numbers with return shipping instructions will be provided by email. Any information including data, pictures, detail failure info, etc. will expedite the processing of your RMA.

**NOTE: FIELDS BELOW THAT ARE SHADED ARE REQUIRED TO PROCESS THE RMA REQUEST**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RMA Request Date** | | | | | | | | |  | | | | |
|  | | | | | | | | |  | | | | |
| **Customer Information:** | | | | | | | | | | | | | |
| Customer Name: | |  | | | | | | | | | | | |
| Customer Contact Name/Position: | |  | | | | Customer Contact Email: | | | |  | | | |
| Customer Contact Phone: | |  | | | | Customer Fax Number: | | | |  | | | |
| Customer Technical Contact Name/Position: | |  | | | | Customer Technical Contact Phone | | | |  | | | |
| Customer Reference Number: | |  | | | | | | | | | | | |
| **Original Shipment Information:** | | | | | | | | | | | | | |
| Customer Address: | |  | | | | | | | | | | | |
| Customer Part Number: | |  | | | | Model Number: | | | | |  | | |
| Customer Purchase Order No: | |  | | | | P.I. Number: | | | | |  | | |
| Bill of Lading Number: | |  | | | | P.L. Number: | | | | |  | | |
| **RMA Information:** | | | | | | | | | | | | | |
| Expected RMA Ship Date: | |  | | | | Return QTY. | | | | |  | | |
| Serial number(s) of RMA unit(s) | |  | | | | | | | | | | | |
| Battery Product Specs: | |  | | | | | | | | | | | |
| Return Reason: | |  | | | | | | | | | | | |
| Detail Failure Info: | |  | | | | | | | | | | | |
| Product Disposition Expectation: | | Restock | | Charge Repair | | | Credit | Repair/Replace | | | | | |
| **Quality/Regulatory Information:** | | | | | | | | | | | | | |
| Is a Corrective Action Required (CAR)? | **Yes** | | | | **No** | **If ‘YES’ – Section 2 must be completed** | | | | | | | |  |
|  | | | | |  | | | | | | | | |
| Medical Device Reportable (MDR) Incident: | | | i.e. Could the failure have caused injury or death to a patient | | | | | | | | | **Yes** | **No** |

**Section 2**

**NOTE: Section 2 MUST BE COMPLETED IF A CAR HAS BEEN REQUESTED**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Detailed Failure/Test/Environmental Information:** | | | | | | | | |
| Production Rejection Area: | | | Incoming Inspection | | In Process | | Field | N/A |
| **Operating Environment:** | | | | | | | | |
| Temperature: |  | | | Humidity: | |  | | |
| Comments: |  | | | | | | | |
| **Test Conditions:** | |  | | | | | | |
| How did you test the product? | |  | | | | | | |
| Which specification item did the product fail? | |  | | | | | | |
| Please include any other information or documents (e.g.: photo of visual rejection) that could be helpful in the evaluation of the product | |  | | | | | | |

**For SIXPACK Technology Co., LTD Use Only**

RMA #:

Approval Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:      \_\_\_\_\_\_\_\_\_\_\_

QM Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:      \_\_\_\_\_\_\_\_\_\_\_

Export Compliance Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:      \_\_\_\_\_\_\_\_\_\_\_