Non-Conformity RMA

Customer information

First Name:	
Last Name:	
Company:	
Email:	
Phone:	

Product information

Customer complaint No:	
Product/Title:	
PMV Part No / Model code:	
PMV Serial No:	
Date:	

Claim details

Warranty claim: Yes ☐ No ☐

Problem description:

Supporting photos attached: Yes ☐ No ☐

Supporting video attached: Yes ☐ No ☐

Send this form to: rma@pmv.nu