



## RMA REQUEST (Return Material Authorization)

19A Serangoon North Ave 5  
Singapore 554859  
Tel: +65 64836089  
Fax: +65 64836098

**Section A. RMA Details and Customer Information. (To be filled up by Requestor)**

Company Name: _____	Customer Ref# : _____
Address: _____	Contact Person: _____
_____	Contact No: _____
_____	Date Feedback: _____

RMA Details	FOR AMPLUS USE:
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Product PN: _____	PO/Loan#: _____	RMA#: _____
Description: _____	Qty: _____	<i>(Issue by Amplus QA)</i> _____

#	Unit S/No.	Fault Description	Shipped Date	DateCode	Warranty
1.					<input type="checkbox"/> Y <input type="checkbox"/> N
2.					<input type="checkbox"/> Y <input type="checkbox"/> N
3.					<input type="checkbox"/> Y <input type="checkbox"/> N
4.					<input type="checkbox"/> Y <input type="checkbox"/> N
5.					<input type="checkbox"/> Y <input type="checkbox"/> N
6.					<input type="checkbox"/> Y <input type="checkbox"/> N

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*Pls return form back to Amplus Communication Pte Ltd inorder to process RMA.*