



(Please fill this form and return by Fax: 24601266 / Email : cs@ictts.com for RMA Request)

Customer Information

| | | | |
|-----------|--|---------|--|
| Company : | | Date : | |
| Address : | | | |
| Contact : | | Phone : | |
| Email : | | Fax : | |

Product Details Request for Return

| | | | |
|-----------------------|--|---------------------|--|
| Model : | | Product Name : | |
| Serial No. : | | Invoice/Order No. : | |
| Problem Description : | | | |
| | | | |

ICT Internal use Only

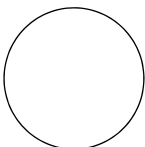
| | | | |
|---------------------------------------|------|--------|----------|
| Product Condition : | By : | Date : | RMA No.: |
| Received / Rejected / Charge / Others | | | |

Action for Return Product Details

| | | | |
|----------------------|--|----------------|--|
| Action for Product : | | | |
| | | | |
| Model : | | Product Name : | |
| Serial No.: | | | |



----- Customer Copy Slip -----
 Customer **MUST** present this slip to collect the returned item.

| | | | | |
|-------------------------|----------------|---|-----------------------|--|
| Product Received Date : | |  | RMA No.: | |
| Model : | Product Name : | Serial No. : | Problem Description : | |
| | | | | |

Customer Received the Return Product

| | | |
|----------------------------|--------|--------|
| Signature & Company Chop : | Name : | Date : |
| | | |