



**WARRANTY FORM 3**  
WARRANTY CLAIM RMA REQUEST

Date:

Business Partner Ref:

Ticket No.

**WARRANTY NUMBER**

**BUSINESS PARTNER INFO**

Name:		Department:	
Company:		Phone number:	
Email:		Fax number:	
Address:			
City:		State:	
Zip code:		Country:	

**CUSTOMER INFORMATION**

Name:		Email:	
Company:		Phone number:	
Address:			

**PRODUCT INFORMATION**

PO ref:		<p>1. Please fill separate form for each module 2. Damaged/replaced CAT 1 parts must be shipped to ENERCAP. 3. The signed form authorizes Business Partner to return materials to us. 4. Before shipping to us, WARRANTY FORM 4 must be provided to us</p>
Model:		
Serial number:		
In-Service Date:		
Application:		
Claim reason:		
Defects Found:	1	
	2	
	3	
	4	

**FOR INTERNAL USE ONLY**

RMA/Ticket No			
NCR Confirmation:	YES	NO	
Claim Acceptance: (circle one)	YES	FAULTY PARTS NEED TO BE INSPECTED FIRST	
Reason / Comments:	1		
	2		
	3		
Cost Centre:			
QC (Name/Sign):			
Approved by (Name/Sign):		Reviewed By (Name/Sign):	
		<p><b>ENERCAP Power Industries</b> Dubai, United Arab Emirates <a href="http://www.enercap.energy">www.enercap.energy</a></p>	