

YOUR DATA

Company
Name
Address
ZIP Code City.....
Country
Tel E-Mail

DEFECTIVE PRODUCT

Product type
Date of purchase
Where purchased

DESCRIPTION OF MALFUNCTION

.....
.....
.....
.....
.....
.....

City, date: **Signature:**.....

Please fill in this form completely and send it together with the sales receipt and the defective product to the following address:

WorldConnect AG
Customer Service
Werkstrasse 12a
9444 Diepoldsau
Switzerland