



Return Application Date \_\_\_ / \_\_\_ / 20\_\_

Order number: \_\_\_\_\_

Serial nr. / IMEI: \_\_\_\_\_

Accessories to be returned in the package:

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Fault Description (in english):

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Customer Name: \_\_\_\_\_

Contact Tel: \_\_\_\_\_

e-mail: \_\_\_\_\_

Our return address:

KNAITEK OÜ, Sõpruse pst 145, Tallinn, 13417, Estonia; GSM: +372 5017568

*Return costs covers sender.*