

CLAIM n°:



CUSTOMER

Date: ____ / ____ / ____

I K E[®]
M I L A N O

INTERNATIONAL CLAIM SYSTEM - RETURN POLICY

MANUFACTURING PROBLEM USING PROBLEM

SHOP INFORMATION

OFFICIAL DISTRIBUTOR

SHOP NAME:

DISTR. NAME:

ADDRESSE:

ADDRESSE:

PHONE:

PHONE:

E-MAIL:

E-MAIL:

CONTACT:

CONTACT:

CLIENT CODE

CLIENT CODE

PROBLEM DESCRIPTION:

- | | | | |
|-----------------------------------|--|--------------------------------------|---------------------------------|
| <input type="checkbox"/> HANDS | <input type="checkbox"/> WATER RESIST. | <input type="checkbox"/> DIAL | <input type="checkbox"/> BUCKLE |
| <input type="checkbox"/> MOVEMENT | <input type="checkbox"/> CROWN | <input type="checkbox"/> PUSH-BOTTON | <input type="checkbox"/> STONE |
| <input type="checkbox"/> BAND | <input type="checkbox"/> OTHER | start/stop
reset | |

WATCH Ref:

FINAL CUSTOMER INFORMATION

NAME:

ADDRESSE:

PHONE:

E-MAIL:

ASSISTANCE NOTE:

.....
.....

To be completed by the factory:

ACCEPTED REFUSED

.....
Authorized Signature



Please submit this form clearly stating the nature of the fault, with the completed watch warranty leaflet (with stamp of shop) and the proof of purchase (invoice) to make the claim valid