

CASTING CLAIM FORM	P1P09I01F03R01
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I GENERAL DETAILS:
1. Company name :
2. Customer: address:
3. Contact person :
4. Tel number :
5. E-mail address :
II PURCHASE DETAILS:
1. Invoice number : or order number : or purchase date:
2. Casting name :
3. Quantity :
4. Heat number :
III THE CAST IDENTIFICATION:
1. In case of the cast return – proper information about. The defect should be marked on the cast.
2. In case the cast can not be returned, we kindly ask to send the photo with visible Zetkama logo, marking and heat number.
IV FAULT DESCRIPTION:
1. Please attach cast picture with visible defect:
2. Full fault description:
V CLAIM SOLUTION (Please tick X as required)
1. Casting Exchange – requested delivery time:
2. Debit note
3. Correction invoice/credit note
4. Others: