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| Coperion GmbH, 70466 Stuttgart, Germany | Coperion GmbHTheodorstrasse 1070469 Stuttgart, GermanyTelefax +49 711 897 3976repair@coperion.comwww.coperion.com |
|  |
| **Return Material Authorization to Co. DESCH****(CAUTION: Please use this form only for DESCH-Parts to Co. DESCH)****Originator / Billing address: (Please complete all lines)** |
| **Customer no.:** |       |  |
| **Company:** |       |  |
| **Contact person:** |       |  |
| **Department:** |       |  |
| **Street:** |       |  |
| **Postal Code:** |       | **City:** |       |  |
| **Phone:** |       | **Fax:** |       |  |
| **E-Mail address:** |       | @ |       |
|  |
| **CustomerOrder no.:** |      Please complete all lines |
| **Items belong to:** |       |
| Machine: |       |
| Machine no. / Project no. / Work no.: |       |
| DESCH Ident no.: |      * Stamped on the clutch
 |

For deliveries outside the EU we need additional information about the value of goods for the

customs and the HS code! Without this information, export after repair is not possible.

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| **Items to be delivered / returned ?** |
| **Item description** | **Item no.** | **Amount** | **Reason for return (1)** | **Disposi-tion (2)** | **Warranty****Yes / No** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
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| **Reason for sending back (1)** | **Disposition (2)** |
| A | Defective (failed in operation) |  | 1 | Return for credit, replacement not required **\*\*** |
| B | Defective (transport damage) |  | 2 | Return for discharge, replacement received |
| C | Inspection report **\*** |  | 3 | Parts replacement required |
| D | Incorrect quantity shipped |  | 4 | To be returned after repair / inspection. |
| E | Wrong part delivered |  |  |  |
| F | Wrong part ordered |  | **\*** For all inspection reports we need a detailed |
| G | Part defective  |  |  description of the problem. |
| H | Other |  |  |
| I | Claim |  | **\*\*** The item(s) indicated above will be accepted for |
|  |  |  |  return with the applicable restock charge. |
|  Please be aware that an inspection fee will be charged  Clutch Size Fee in Euro |
| * 51 – 82 350,-
* 101 – 112 500,-
* 141 – 163 750,-
* 181 – 243 950,-

- 271 – 303 1200,- |
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|  |  Update 12/2021 |
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| With a return shipment you agree to cover these costs.Before we start a repair you will receive a preliminary cost estimate for approval.Please return this form by mail to repair@coperion.com or byFax to +49 711 897 3976 before returning any items. And please attach this form also to the shipment to Desch.Please make sure that the return shipment will be delivered under incoterm DDP. Please indicate the real present amount of the part in the customs invoice!Please notice, that we can not create a Certificate of Origin (COO) for repairs.With the signature of this document and the return of the goods, you confirm to accept our General Business Conditions for repair (www.coperion.com/en/support/commercial-terms/).**Declaration:** (Selection necessary)[ ]  The component has been carefully cleaned and is free of harmful adhesions. There are no risks.[ ]  The following residual hazard exists or could not be eliminated, the following characteristic hazard characteristics according to the GHS regulation may still exist:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| GHS 01 | GHS 02 | GHS 03 | GHS 04 | GHS 05 |
| [ ] **GHS01** | [ ] **GHS02** | [ ] **GHS03** | [ ] **GHS04** | [ ] **GHS05** |
| GHS 06 | GHS 07 | GHS 08 | GHS 09 |  |
| [ ] **GHS06** | [ ] **GHS07** | [ ] **GHS08** | [ ] **GHS09** |  |

* **If one of these hazard characteristics is ticked, the corresponding current EU safety data sheet in German must also be sent in.**
* **Without the corresponding information we are unfortunately unable to execute your order.**

Please attach a copy to the return shipment.**Address for return delivery:**DESCH Antriebstechnik GmbH & Co.KGKleinbahnstrasse 2159759 Arnsberg-HuestenGermanyOpening hours of the incoming goods department 6:30 a.m. to 2:00 p.m. |
| Date: |       |  |
|  |
| Name: |       |  |
|  |
| Signature: |       |  |
|  |
| Your company stamp |
|  |