

Fill in this document and enclose it together with your defective unit!



Name:
Lastname:
Company (if applicable):
VAT (if applicable):
Street: Nr:
Postal code :
City:
Country:
Telephone number:
Email:

Unit type:
Brand/Model:
Serialnr.:
Part number:
Car brand + model:
VIN:
License plate:

included Accessories:

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Description of defect(s) + cause:

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Test results (if applicable):

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Date: Signature:

Shipping address:

MMI Repair Center
Postbus 10001
3930 Hamont
Belgium