

## RETURN FORM OF MALFUNCTIONING myPOS TERMINALS

RMA nummer / Record number:

(wordt door Heights myPOS ingevuld)

Gelieve onderstaande gegevens invullen:

|   |  |
|---|--|
| Datum / date  |  |
| Naam / Name   |  |
| Numer identificatiedocument / ID Document Number                        |  |
| Vestigingsadres / Business Address                                      |  |
| Emailadres voor het myPOS account / Registered e-mail for myPOS service |  |

Als wettelijke vertegenwoordiger van het bedrijf / As a legal representative of

.....

(hereinafter referred to as "Client"), confirms that the present RETURN FORM has been signed by Client for which the Client confirms the following:

*Client confirms to have completed all mandatory conditions accordingly described in myPOS Return policy and returns to iPay International Ltd the following devices by signing this Return Form.*

| N <sup>o</sup> | Serienummer<br>Serial Number | Retour<br>Return *       | Vervanging<br>Replacement* | Retour reden / Beschrijving van het probleem<br>Reason of the return and description of the problem |
|----------------|------------------------------|--------------------------|----------------------------|---|
| 1.             |                              | <input type="checkbox"/> | <input type="checkbox"/>   |   |
| 2.             |                              | <input type="checkbox"/> | <input type="checkbox"/>   |   |
| 3.             |                              | <input type="checkbox"/> | <input type="checkbox"/>   |   |
| 4.             |                              | <input type="checkbox"/> | <input type="checkbox"/>   |   |
| 5.             |                              | <input type="checkbox"/> | <input type="checkbox"/>   |   |
| 6.             |                              | <input type="checkbox"/> | <input type="checkbox"/>   |   |

\* Geef a.u.b. aan of u het apparaat retourneert of dat u het graag wil laten vervangen

\* Please indicate if you wish to return the device or to return and to have it replaced.

Client: \_\_\_\_\_