

# CLAIM NOTIFICATION

to: ROFA INDUSTRIAL AUTOMATION AG, 83059 Kolbermoor; Germany  
 FAX +49 8031 2960-60 attn. Mr. Sorgenfrei

Date:	
Customer:	
Person at charge at customer:	
Phone:	
Fax:	

Data of parts	
Function no.:	
Amount:	
Parts name:	
Device no.:	
Disassembled at / assembled in:	
Spare part taken from customer's spare part stock?	Ja <span style="margin-left: 100px;">Nein</span>
Claim issues: - Date of breakdown - Sort of breakdown - Error message - (further description enclosed on separate sheet)	

ROFA internal:	
claim received:	_____ Date <span style="margin-left: 100px;">Name</span>
recipients: PM / PL	
Claim acknowledged:	_____ Name <span style="margin-left: 100px;">Signature</span>
Responsible:	_____ _____
Warranty:	Yes <span style="margin-left: 100px;">No</span>
Cost object: (warranty- / order no.)	_____
Works to be done:	_____ _____
Responsible for this claim:	_____ Name <span style="margin-left: 50px;">Department</span> <span style="margin-left: 50px;">Phone:</span>