Please enter details in the form below and return the completed form to returns@secontrols.com. SE Controls will acknowledge receipt and will issue a Returns Merchandise Authorisation (**RMA**) number within 3 working days. Please Note, Should immediate advance replacements be required please indicate requirements below and contact the Supply sales Department at supply.sales@secontrols.com who will process your requirements and arrange items for dispatch.

*All returned items will be processed as per SE Controls Product Returns Procedure defined in* [*www.secontrols.com*](http://www.secontrols.com) *terms and conditions apply.*

*Please do not return any product until a Return Merchandise Authorisation (RMA) number has been allocated.*

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| **Company Name** |  | **Customer Account No.** |  |
| **Contact Name** |  | **Customer Address** |  |
| **Contact Tel No** |  |
| **Contact Email** |  | **Customer order No.** |  |
| **SEC Order No.** *if known* |  | **SEC Invoice No.***if known* |  | **Project / Site name*****if known*** |  |

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| **SEC Part No.** | **Product Description**(Incl. Stroke Length, Voltage) | **Qty** | **To select reason for return, click on cells below** | **Additional Information\***Symptoms demonstrated/ Installation Info. (Attach pictures where possible) | **Advanced Replacements Required** please enter yes |
|  |  |  | **Select Reason** |  |  |
|  |  |  | **Select Reason** |  |  |
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| **SEC Part No.** | **Product Description**(Incl. Stroke Length, Voltage) | **Qty** | **To select reason for item return click on cells below** | **Additional Information\***Symptoms demonstrated/ Installation Info. (Attach pictures where possible) | **Advanced Replacements Required** please enter yes |
|  |  |  | **Select Reason** |  |  |
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| Additional Comments |
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| **Returns form submitted by:**  |  | **Position:**  |  | **Date;** |  |