

# Return for repair to Pilz Belgium cvba

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Date :

Company:

Department:

Contact person:

E-mail address:

Phone number:

Address:

Material no.	Product name	Serial no.	Version
Description of fault(s)			
Preferred action			
Credit note		Replacement/Repair	
Test Report <sup>1</sup>			

Please, first send your correspondence with detailed informations by **E-Mail** to **repairs@pilz.be**

After approval, send the faulty unit, together with this document, to this address:

**Pilz Belgium cvba, Poortakkerstraat 37 / 0201, B-9051 Sint-Denijs-Westrem**

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<sup>1</sup> Test Report is not free of charge