

Please enter the details of the repair directly into the respective fields of this form. Print out a copy of the completed form and send it in along with your lens. Please keep the following copies for your own files 1) a copy of this form, 2) a copy of the proof of purchase 3) and a copy of the package receipt with tracking number. **Full Name TAMRON Europe GmbH Service Department** Street Robert-Bosch-Str. 9 PC,City **D-50769 Cologne GERMANY** Phone Fax E-mail Item Number/Desc. **Problem Description** Please note: The payment method for chargeable repairs is prepayment. If the cost estimate is rejected, we charge an administrative fee of € 22 plus VAT. Please ensure for proper transport packaging and adequate transport insurance Additional freight charges apply for shipment outside of Germany. Warranty Repair (proof of purchase and warranty certificate if within 3rd to 5th year after purchase enclosed) Chargeable Repair with Cost Estimate € € This is my limit to repair without a cost estimate. **Enclosed** images or memory medium (Type: ) bei. )

Unterschrift:

Date: