

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 and 3) a copy of the package receipt with tracking number.

			Delivery a	ddress:			
TAMRON Europe GmbH Service Department			Company				
			Full name				
Robert-Bosch-Str. 9 D-50769 Cologne GERMANY		Street					
		Post code,	City				
		Phone					
		E-mail					
			Billing address (if different from delivery address):				
			Name				
			Street				
Service Form			Post code,	City			
			* Please do	not specify a pac	king station.		
Item nun	nber/Desc.				Serial nr.		
Accessorie	S	☐ Front Cap	☐ Rear (	Cap □	Lens Hood	☐ Filter	
Misc. Access	sory:						
(e.g. Camera 8	& Serial-nr.)						
Problem	description						
I use the fo	ollowing						
camera(s):							
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.  Additional freight charges apply for shipment outside of Germany.  Please ensure for proper transport packaging and adequate transport insurance.							
☐ Warranty repair (Proof of purchase & warranty certificate if within 3 <sup>rd</sup> to 5 <sup>th</sup> year after purchase enclosed)							
☐ Chargeable repair with cost estimate (chargeable)							
Date:		\$	Signature:				