

Return service & claim packing document

Name

Please fill in the following document below and send it along with the product(s) to Exposure Underwater, Scheelegatan 3, SE-212 28 Malmö, Sweden. Keep a copy at your end for the record.

Address	
City & postal code	
Country	
Phone & cell phone	
Email	
Additional	
	Claim ☐ Service ☐ box individually included serial number if available
	,
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Special instructions you	u write below
Signature including dat	e and place