

Returns form

KIEFEL GmbH
Klebingerstraße 5
83395 Freilassing

Date:
Customer number:
Customer Name:
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**Please note that your return cannot be accepted or processed without a returns form.
Please note you may be liable for costs for a diagnosis.**

The following parts are being returned:

Item	Material number	Quantity	Designation	Device number	Machine number	Value of goods
1						
2						
3						

Reason for return:

A	New part	<input type="checkbox"/> Not required <input type="checkbox"/> Incorrect part delivered/ordered <input type="checkbox"/> Miscellaneous:
B	Defective part	<input type="checkbox"/> Guarantee/goodwill check <input type="checkbox"/> Repair <input type="checkbox"/> Miscellaneous:
C	Rental part	<input type="checkbox"/> Returned for credit <input type="checkbox"/> Miscellaneous:

If you are returning a new part or a rental part (reason A or reason C), please provide the following additional information:

KIEFEL order number:

If you are returning a defective part (reason B), please provide the following additional information:

Machine operating hours:

Error Description :

Desired actions:

☐ No further actions (because spare/replacement part has already been delivered / billing clarified)

☐ Repair with cost estimate

☐ Substitute delivery

☐ Credit note

☐ Complaint with response

☐ Miscellaneous:

Contact for processing and technical queries:

Name:

Telephone number:

Email:

Registered address
KIEFEL GmbH
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Banks
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Commerzbank AG
(EUR) SWIFT: COBADEFF IBAN DE34711400410620081000
HSBC Continental Europe S.A.
(EUR) SWIFT: TUBDDEDD IBAN DE57300308800700368009
(USD) SWIFT: TUBDDEDD IBAN DE37300308804700368039
(CNY) SWIFT: TUBDDEDD IBAN DE87300308804700368012

Commercial register
Registered office: Freilassing
Amtsgericht Traunstein HRB 17695
VAT reg. No. DE 253 8487 16
Tax number 163/115/00272
Finanzamt Traunstein

Management
Matthias Sieverding
Axel Greschitz

**Chairman of the
Supervisory Board**
Dr. Axel von Wiedersperg