INDUSTRIAS SARDAÑES, S.L.U.
Pol. Ind. Camp Llarg, Nave 7-8-9 · 08740 Sant Andreu de la Barca · Barcelona (Spain)
Tel. +34 93 682 17 18 · ijsgroup@ijsgroup.es · www.ijsgroup.es

WARRANTY & RETURNS FORM

AFTER-SALES SERVICE · PROCESSING REQUEST *Complete in capital letters. Fields marked * are for IJS GROUP internal use. Send the form to joan.benaiges@ijsgroup.es within 30 days of detecting the fault.*

REQUEST TYPE	☐ Warranty ☐ Commercial return

1 · CUSTOMER DETAILS

Customer				**Customer code**	
Contact person		**Phone**		**E-mail**	
Workshop / Fitter		**Delivery note no.**		**Claim date**	__ / __ / ____

2 · PRODUCT AND VEHICLE

IJS reference		**Batch no.**		**Quantity**	
Description					
Vehicle make				**Model**	
Engine code		**Engine size**		**Year**	**Total km**
Km since fitting		**Fitting date**	__ / __ / ____	**Failure date**	__ / __ / ____

3 · DESCRIPTION OF THE FAULT

Symptoms, affected and replaced parts, and circumstances of the fault (maintenance and oil changes, tightening torque, special tools).

MANDATORY DOCUMENTATION — Without it the request cannot be processed. Do not ship the product until you receive the claim number: IJS GROUP arranges and covers the collection. Send the **complete product**, not only the damaged part.

☐ Complete product / assembly ☐ Invoices relating to the claim

☐ Vehicle data sheet ☐ Photographs (assembly, damage)

☐ Oil sample (min. 120 ml) for lubrication-dependent parts

The request is assessed through technical inspection by the R&D department, which issues the resolution.

Date	Customer's signature and stamp

RESERVED FOR IJS GROUP · INTERNAL USE *

Technical decision *	☐ Accepted ☐ Rejected ☐ Pending				
RMA no. *		**Credit amount ***		**Credit note no. ***	
Processed by *			**Signature and stamp ***		