



RMA Application Form (Return Merchandise Authorization)

To be filled in and joined to the package

Send to : Ijinus - ZA de Kervidanou 3, 16 rue A. Schweitzer, 29300 MELLAC

Company *

Name & Surname *

Phone *

Mail address *

Return address *

Order reference / Quotation

After sale service ticket number

Type of product *

Reason for the return *