



	Protocol of return of article for regeneration No.				
	*) Customer identification number ID				
	*)				
Company (or customer name), address, telephone					
No.	*) Table  Number of Inter-Team invoice	Date of issue of invoice	Manufacturer number of part for regeneration	Quantity (pieces)	Accepted for regeneration (Yes /No)
1.					
2.					
3.					
4.					
5.					
*)					**) Signature of authorised recipient

## Attention!!!

In order to be accepted for return, article must be undamaged and complete (packaging and content).

<sup>\*)</sup> To be filled out by customer or authorised person
\*\*) To be filled out by person handling complaint at Inter-Team