

FUJIFILM REPAIR FORM

Please PRINT IN BLOCK CAPITALS

First Name Surname

Address

.....

Telephone (Office hours).....

E-mail address.....

Delivery address (if different from above) *Please bear in mind that delivery of returned equipment is likely to be during working hours Mon-Fri and a signature will be required.*

.....

.....

Camera Model..... Serial Number

.....

Accessories - Please tick which are included (*To avoid the possibility of loss, please DO NOT include batteries, memory cards etc. unless they are pertinent to the fault.*)

Body Cap Filter Battery Case Makers Box Lens Cap Strap Memory Card Capacity & Make Other.....

Fault Description. (Please PRINT IN BLOCK CAPITALS).....

.....

.....

.....

.....

.....

.....

Sample images enclosed? Yes No

Are you making a claim under warranty? Yes No

If YES, please enclose legible copy of the proof of purchase

If NO, please indicate whether you require an estimate of the cost of repairs before proceeding with the repair:

Yes, estimate is required No, please proceed with set rate repair