

**\*RETURNS AUTHORISATION NUMBER REQUEST\***



**Envitech Ltd  
Unit 20, Lambourne Crescent  
Cardiff Business Park  
Llanishen  
Cardiff CF14 5GF**

**Tel: (0)29 2033 7134  
Fax: (0)29 2033 7137  
E Mail: envitech@envitech.co.uk**

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To obtain your Returns Authorisation Number:

Please complete the attached form and FAX it to Envitech at: 029 2033 7137

Wait for Envitech to send a RAN via FAX or Email

Mark the RAN clearly on the outside of the packaging and send the unit to Envitech at the address above via your normal carrier.

**\*\*IMPORTANT\*\***

Please ensure that all items are CLEAN – we reserve the right to refuse to accept goods which have not been cleaned prior to return.

By signing the attached form **you are accepting a minimum charge of £75**, which in the event of repair not been carried out, will be charged as an inspection charge. (This charge does not apply to goods accepted by Envitech as being under warranty)

**Please do not send item(s) without a RN number**

Name: \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address \_\_\_\_\_

I request a **Returns Authorisation Number** to return the following equipment to Envitech Ltd:

**Qty**      **Description** (please include serial numbers of all equipment)

Nature of fault or problem:

Description of location from which the equipment has been removed (e.g. sewage works, river etc.):

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Contaminants found at source, list below all chemicals, toxins, pathogens and radiation sources.

Chemical (include all known or suspected): \_\_\_\_\_

Toxins (include all known or suspected): \_\_\_\_\_

Pathogens (include all known or suspected): \_\_\_\_\_

Radioactive Species (include all known or suspected): \_\_\_\_\_

Customer Purchase Order No: \_\_\_\_\_;      Date \_\_\_\_\_;

Please read and sign the declaration below and fax the form to **029 2033 7137**.

**DECLARATION:**

I, the undersigned, on behalf of the company named on this document above, hereby request Envitech Ltd, to issue a Returns Authorisation Number for the item(s) listed. I certify that the information that I have given is correct and that I have declared all risks either known or suspected to Envitech Ltd. I confirm that all reasonable precautions have been taken to ensure that the equipment being returned is in a clean and safe condition and that all contaminants listed above have been removed. I undertake to ensure that payment is made for work completed by Envitech Ltd., subject to quote. I understand that when the fault is diagnosed, I will be quoted for the repair work. In the event of this quote not being acceptable, I undertake to ensure that a purchase order for a minimum of £75 will be submitted to Envitech as payment for inspection fees.

Signed: \_\_\_\_\_; Print Name: \_\_\_\_\_;

Date: \_\_\_\_\_

**A Returns Authorisation Number will only be issued by Envitech Ltd on receipt of this form which should be fully completed, signed and dated. The Returns Authorisation Number issued should then be clearly shown on the outside of all boxes returned to Envitech Ltd.**