



Samsung Return Request Form

Samsung Electronics New Zealand
 24 The Warehouse Way
 Northcote
 Auckland 0627

Fax: 0800 800 707
Ph: 0508 726 786
Email: returnsnz@samsung.com

Terms:
 DOP – Date of Purchase
 POP – Proof of Purchase

Please complete this form and return to Samsung for DOA only.

Customer		Claim Number:	
Collection Address:			
Store Contact:		Request Date	/ /
Phone:	Fax:	Email:	
Important	Please provide a FAX and Email, so Samsung can contact you with Approval or Rejection		
Delivery Address if Exchange Requested:		Post Code	

RETURN ITEM – PLEASE PRINT CLEARLY				
Model Number	Serial Number (Physical Unit Serial Number)	Samsung/IT Distributor Invoice Number	Customer DOP	Customer DOR

REASON FOR RETURN AFTER ACCEPTANCE – Please insert a beside the return reason and type of return you are applying for				
	Early Life Failure (ELF)		Customer has returned product within 14 Days of deliver due to a technical fault (Both purchase invoice of end-user and Distributors attached)	
	Concealed Damage		Customer has returned product within 14 Days of deliver due to concealed damage (Both purchase invoice of end-user and Distributors, Photos of damage and packaging attached)	
Reason for Return / Fault Described				