



RMA REPAIR REQUEST FORM

Please **complete ONE form per RMA item** and submit to support@tns.com.sg

In submitting this request, I (the user) agree to the following conditions:

- To send in the RMA item (without Accessories) with this form to TNS office.
- To collect the RMA item from TNS office within 60 days of email notification that item is ready.
- RMA item turnaround time is approximately 12 to 16 weeks (upon TNS receipt), subject to TNS confirmation.
- Should there be charges arising from this RMA case, user will receive notification and this case will be on hold. TNS will wait for user's approval before .
- Repair on RMA item with expired warranty are chargeable.
- Repair on RMA item where damage resulted from acts of God, environmental or atmospheric disturbances, or other external forces through misuse, abuse, unauthorized alteration or repair are chargeable.
- TNS to dispose uncollected RMA item after 60 days from first email notification date.

Product Model			
Serial Number			
PROBLEM TYPE(S)			
<input type="checkbox"/> No Power	<input type="checkbox"/> Console Port	<input type="checkbox"/> Broadcast Search	<input type="checkbox"/> HDD detection
<input type="checkbox"/> Serial Port (RS-232)	<input type="checkbox"/> Fiber Port	<input type="checkbox"/> Boot Up Failure	<input type="checkbox"/> No Display/Video
<input type="checkbox"/> Serial Port (RS-422)	<input type="checkbox"/> I/O Port	<input type="checkbox"/> Card Detection	<input type="checkbox"/> USB Device Detection
<input type="checkbox"/> Serial Port (RS-485 4-Wire)	<input type="checkbox"/> LAN Port	<input type="checkbox"/> Data Transmission Signal	<input type="checkbox"/> Re-Test
<input type="checkbox"/> Serial Port(RS-485 2-Wire)	<input type="checkbox"/> WLAN Port	<input type="checkbox"/> Driver Installation	<input type="checkbox"/> Others
Detailed description on condition(s) that problem occurs:			
Company Name			
Contact Person		Tel	
Email			
Address			

Signature	Name	Date (DD/MM/YYYY)	Company Stamp
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TNS OFFICIAL USE			
RMA Case Number		Item Received Date	
Remarks			

CUSTOMER RMA COLLECTION

I acknowledge receipt of RMA item in good order and condition

Signature	Name	Date (DD/MM/YYYY)	Company Stamp
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