

**RMA Department:**

Unit 118 - 21300 Gordon Way,  
Richmond, BC, V6W 1M2, Canada

**RMA:** \_\_\_\_\_

Please return the complete form by email: [GlobalRMA@drbattery.com](mailto:GlobalRMA@drbattery.com)

**RMA Request Form**

- Your **RMA number** will be faxed or email to you. Products returned without the RMA number will be rejected.
- The **RMA number** will be cancelled if the product is not returned within **30 days**.
- The product must be returned in its **ORIGINAL PACKAGING** accompanied by a COPY of the **ORIGINAL RECEIPT** and this RMA form.
- The package must be shipped prepaid and sent **BY REGULAR MAIL ONLY** with the RMA number clearly marked on the shipping label.
- Please declare product as "Defective Electronic Part" and \$1 value on the Custom Declaration and Dispatch Note.

To insure expedited service, please complete the form in full.

CUSTOMER INFORMATION	
First Name:	_____
Last Name:	_____
(As appeared on invoice)	
Address:	Unit/Suite/Apartment (If Applicable): _____
	Address: _____
	_____
	Country: _____ City: _____
	Zip Code: _____ Tel: _____
Phone Number:	Fax: _____
	Email: _____

PRODUCT INFORMATION	
Dr. Battery Part#	_____ *Please complete one form per quantity
Warranty Sticker Date:	____/____/____ (MM/YY) – hologram/white sticker (e.g. JL09)
Your Mobile Device:	Brand Name: _____ Model Number: _____
Order Number:	Invoice Number: SI _____ Purchase Date: _____ (MM/DD/YY)

RETURN REQUEST	
Exchange only	Wear and Tear as well as physical damages are not covered under warranty.

REASON FOR RETURN	
<input checked="" type="checkbox"/> Will not hold a charge pass _____ %	<input type="checkbox"/> Compatibility Issues (Please provide detail)
<input type="checkbox"/> Dead on Arrival	<input type="checkbox"/> Others (Please provide detail)
Detail: _____	
_____	