

The following are filled by customer 以下由客戶填寫				The following are filled by SP 以下由廣穎填寫	
Customer (客戶名稱)	Kenneth Belferman	Issue Date (申請時間)		RMA Type Requested: RMA需求類別: <input type="checkbox"/> DOA <input checked="" type="checkbox"/> RMA <input type="checkbox"/> Rework <input type="checkbox"/> Repack <input type="checkbox"/> Others : _____ RMA Return Packing : 回貨包裝方式: For consumer : (商規品) <input type="checkbox"/> Simple pack (RMA) <input type="checkbox"/> Retail <input type="checkbox"/> Bulk <input checked="" type="checkbox"/> EndUser <input type="checkbox"/> OEM Retail <input type="checkbox"/> Japan Ver.Retail <input type="checkbox"/> US Ver. Retail For Industrial: (工控品) <input type="checkbox"/> Refer to original Packing BOM (Please fill in below "Packing BOM") <input type="checkbox"/> Others: _____	
Contact Person (聯絡人)	Kenneth Belferman	E-mail	kbelferman1917@protonmail.com		
Telephone (電話)	4122181270	Sales (業務)			
Address (地址)	PO Box 120310, Chula Vista CA 91912				
※ Additional information or requests, please specify: 如有特殊需求,請備註說明: _____ _____				※If there is SO special requirement of special packing or label, please specify: 如有特殊包裝或加貼標籤需求,請務必註明SO 簽呈號碼: SO special requirement No. : _____	
※ If this RMA request is also for CIS analysis or Carform case, please be sure to specify and to pack separated with other RMA goods. 請注意,此申請若同時為 CIS case 或 Carform case, 請務必單獨申請 RMA No. 分開包裝並於外包装註明 CIS case No. 或 Carform No. <input type="checkbox"/> CIS No. : _____ <input type="checkbox"/> Carform No. : _____					
RMA Product List (RMA 產品列表)					
P/N (廣穎料號)	Product Description (產品名稱)	Q'ty (數量)	Defective Reason (不良原因)	Packing BOM (包裝BOM)	BOM code (電子BOM)
SP256GBP34A60M28	M.2PCIe Gen 3 SSD	1	bad sectors		
Total (總數量) :		1			