3M Warranty Claim Form

3M Return Number: *(Generated by 3M Customer Service)*	

Completed By:	

Contact Details:

	Customer Details	3M Distributor
Contact Name		
Company Name		
Address		
Telephone		
Email		

Description of Product Fault:

Description of Goods to be Returned:

Please include product name, part number (3M SKU) and quantity. ***Please only include & return faulty parts*** *(e.g. a headband/ADF and not the entire helmet or Turbo Unit with all accessories removed).*

Date of Manufacture or Serial Number:

Is product with dealer?

Yes ◯ No ◯

Contamination:

Please list all the hazardous substances that the product has been exposed to and ensure that products are fully decontaminated before returning them to 3M

To be completed by 3M

Authorised by: _____ Date: _____

Proof of Purchase required?

Yes ◯ No ◯

3M WARRANTY CLAIM FORM

Completed By:	

Proof of Purchase Provided:

	Please select		Please select		Please select
Sales Invoice from 3M Distributor to Customer	☐	Sales Invoice from 3M to 3M Distributor	☐	Not Required	☐

Purchase Date:	

Warranty Status:

	Please select		Please select
Authorised	○	Not Authorised*	○

*If warranty is not authorised please state reason below:
