CARLO GAVAZZI CONTROLS SpA
Sede operativa: Via Safforze 8, I - 32100 Belluno
Tel: +39 0437 355811
www.gavazziautomation.com

DCM1 - LNE Label - Request Form

Note : To apply send this signed document to the Carlo Gavazzi branch or distributor in your country, and attach a picture of the meter and the purchase document.

To the attention of
Carlo Gavazzi Controls Spa
Via Safforze 8
32100 Belluno (Italy)

Applicant Information

COMPANY NAME*	
VAT NUMBER*	
COMPANY ADDRESS*	
APPLICANT'S FULL NAME*	
EMAIL ADDRESS*	
PHONE NUMBER	

Shipping Address

RECIPIENT NAME*	
FULL ADDRESS*	
CONTACT PERSON*	
CONTACT PHONE NUMBER FOR COURIER DELIVERY*	

*Mandatory field

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Reason for the Request

I, the undersigned, DECLARE that

- I request the supply of an LNE label due to:
  - ◉ Damage
  - ○ Loss
  - ○ Theft
- The replacement label will be applied under my responsibility to the specific item described in « Product details »

Product details

COMPLETE PART NUMBER*	
SERIAL NUMBER*	
ATTACHED PURCHASE DOCUMENT*	

DATE :

Signature _____

Job description _____

Internal Use – Carlo Gavazzi

(To be filled in by Carlo Gavazzi personnel only)

DATE	
INTERNAL REQUEST NUMBER	
VERIFICATION CARRIED OUT BY	
NOTES	

*Mandatory field