



### **Return Merchandise Authorization Form**

To submit a Return Merchandise Authorization (RMA) request, complete the following form. In order to expedite your request, please complete all information requested below.

Return the completed form to [support@2dsurgical.com](mailto:support@2dsurgical.com). You will be notified with an RMA number once your return request has been approved. Shipping information for sending the unit(s) to 2DSurgical Ltd. will be provided once the RMA is issued.

You will be responsible for the cost of shipping the item to 2DSurgical Ltd.

#### **Return shipping address:**

2DSurgical Ltd.  
3 / 4 Navigation Court Waterside  
Stoke Prior Bromsgrove B60  
4FD

**EORI** - GB214072940000

**Value** - £5 per item for customs only

**HS CODE** - 84716070 description "USB Optical Scanner"

|                |  |
|----------------|--|
| Name:          |  |
| Phone:         |  |
| Email:         |  |
| Date:          |  |
| Product:       |  |
| Serial Number: |  |
| Product Fault: |  |

### **Return Shipping Address**

Please provide a return shipping address along with special shipping instructions for 2DSurgical for the return of your RMA upon completion.

|                                |  |
|--------------------------------|--|
| Name:                          |  |
| Street Address:                |  |
| City, State, Postal Code:      |  |
| Country:                       |  |
| Special Shipping Instructions: |  |
| EORI/VAT Number:               |  |