

Warranty form

Fill blue fields.

Customer	Date yy-mm-dd	Contact person	Email
	Serial number (Power pack / Control unit)		Serial number (Glove)
Bioservo contact	Order number (if available)		Order number (if available)

Please double check the serial number.

Fault description and other relevant information.

Note: Use original box if available. Make sure items are well protected if original box is not used.

Return address

Warranty form

See sticker for serial number.

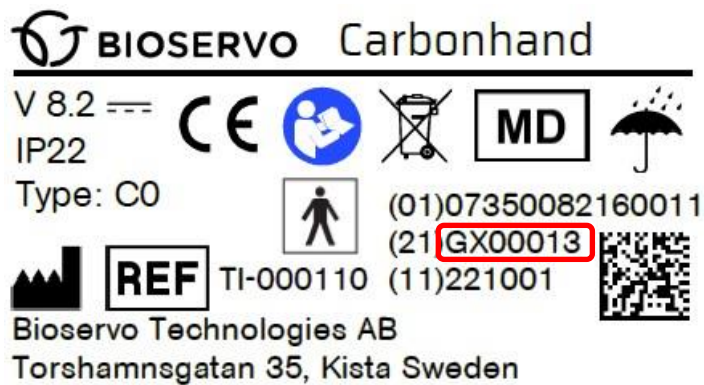
Ironhand Power Pack:



Ironhand Glove:



Carbonhand Control unit:



Carbonhand Glove:

