



G-STAR COMMUNICATIONS LTD.

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RMA Request Form

Please fill out the following information and submit your request. You will be notified shortly with an RMA number, along with G-STAR RMA Policies and Return Information.

Date: / /

RMA No.		Customer:
Time of Issue		
Enclosure	<input type="checkbox"/> LNB/ LNBF - P/N: _____ <input type="checkbox"/> Switch - P/N: _____ <input type="checkbox"/> VoIP - P/N: _____ <input type="checkbox"/> DVBT - P/N: _____	
Reason of Return	1. Reason of return: 2. Engineering solution:	
Solution	1. Suggestion of internal: 2. Procedure result:	

GM:

Sales Dept:

R&D Dept.

CS: