

### **Precautionary call for inspection of crimping sleeves**

Please enclose this letter with your affected product.

The inspected product should be returned to the following person:

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Street: \_\_\_\_\_

ZIP Code / City: \_\_\_\_\_

Country: \_\_\_\_\_

Mail Adress: \_\_\_\_\_

Please state the article number and production number of your product:

Article Number: \_\_\_\_\_

P-Number: \_\_\_\_\_