

Spare part request form

To ensure that you are get offered the correct items (including the correct certificates, if required), we need the specific information listed below. This information allows us to find and offer the correct item for your specific machine faster.

Thanks upfront for your cooperation and support.

Date *	
Request type *	

Customer / End user information

Company name *	
First name *	
Last name *	
Street *	
Zip code *	
City *	
Country *	
Direct phone number *	

Agents (if the machine was not ordered directly from Belimed Life Science)

Agent Name *	
First name *	
Last name *	
Street *	
Zip code *	
City *	
Country *	
Direct phone number *	

Device information

Machine Model *	
Serial / Equipment No. *	
Date of installation *	
Device Status *	

All mandatory fields * must be filled in.

IMPORTANT

Each machine/instrument requires its own inquiry.

Spare part request form



Article information				
POS	Qty * <small>(M/CM/INC, STK, L/DL, KG/GR...)</small>	Spare part number *	Spare part description *	Required certificates <small>(If nothing is specified, we cannot guarantee that the correct certificates are provided)</small>
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Please send the complete form to:

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 Zelgstrasse 8 • 8583 Sulgen • Switzerland
 Phone +41 44 553 03 49
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