



# Delivery quantity difference / Defectiveness

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Member's ID:	Member's Name:	Phone: (Day)
On behalf of the applicant's ID:	On behalf of the applicant's name:	Phone:( Day)
Order date: (day/month/year)	Name of Sponsor:	
Order NO.:	ID of Sponsor:	

Select the below:

Order content is mismatch

Overage of patches name	Shortage of patches name	Quantity

Defectiveness

The name of patches	Description	Quantity

The following for company:

Solution:			
Remark	Customer service manager	Warehouse	C.S.R./ Date