## SERVICE REQUEST FORM

Please fill out all fields below. The completed form must be emailed to concierge.usa@iwc.com to receive your shipping kit. Fields marked with (\*) are mandatory.

## YOUR CONTACT DETAILS\*

Client reference (to be filled by IWC)				Shipping kit delivery address	
				Address	
				City / Postal code	/
Salutation	Mr.	Mrs	Ms.	Country	
First name					
Surname				Watch delivery address	
Email				Same as shipping kit delivery address	
Country code				Address	
Phone number				City / Postal code	/
				Country	
				Billing address	
				Same as watch delivery address	
				Address	
				City / Postal code	/
				Country	
TIMEPIECE D	ETAILS				
Serial number* (engraved on					
your timepiece)			Type of last service		
Date of purchase (dd / mm / yyyy)	/	/		Location of last service	
Date of last service (dd / mm / yyyy)	/	/			
TIMEPIECE C	ONDITION	k			
Gains	seconds / day		Defective chronograph	Fell down / was shocked	Stops
Loses	seconds / day		Defective automatic winding	Insufficient power reserve	Periodical service needed
Humidity			Defective calendar		
Detached parts	enclosed (e.a. a	lass. crowr	n, pusher, screw), please specify		
Other, please sp		,	, paarie, aan iy paare apaariy		
SERVICE REC	QUESTED*				
Service requested		C	omponents requested		
Complete service			No additional component	Glass	Bracelet
Polishing service			Pin buckle	Dial	Bracelet link(s), please specify number required
Water-resistancy renewal			Pusher(s)	Folding clasp	
Battery service			Hands	Crown	

By signing below, you confirm having read and accepted IWC's Conditions of Service and Privacy Policy that can be found on our website.

Date (dd / mm / yyyy)

Your signature (required only at time of timepiece shipment)

/ /

SCHAFFHAUSEN