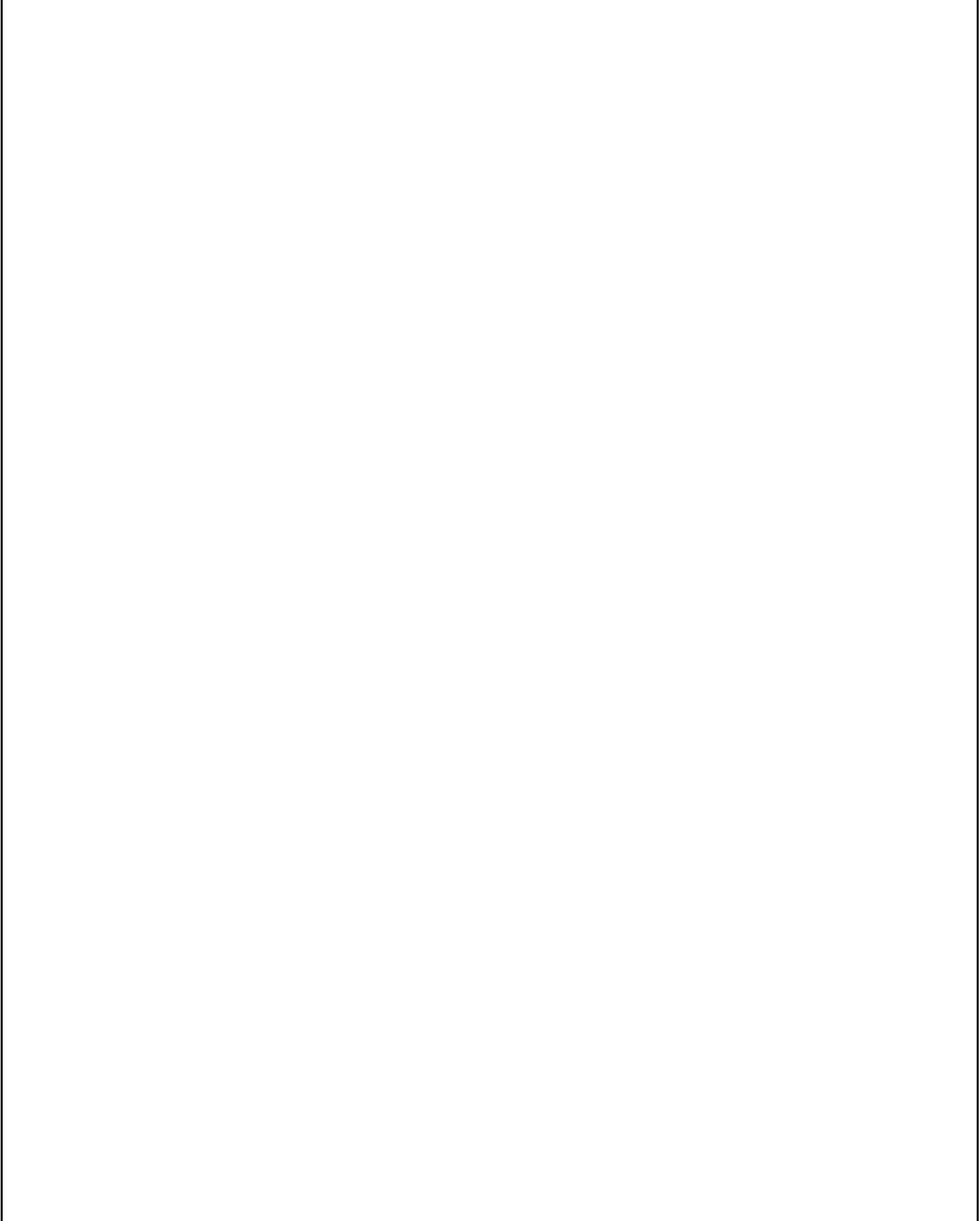
			RMA Application (for on-grid inverter)		RMA No. (assigned by Goodwe)	
*Name of end user		*Address		*Type of customer <input type="checkbox"/> Residential inverter <input type="checkbox"/> Roof-top plant <input type="checkbox"/> Ground-mounted plant		
*Contact methods of end user (emial and phone No.)		*Product S/N		*Connected to SEMS <input type="checkbox"/> Yes <input type="checkbox"/> No		
Delivery address & Contact number	Tel:					
*Installation date		Warranty expire date		*Failure date		
Inverter firmware version (from LCD or SEMS/Solar go)		Brand of PV Pannel		*QTY of PV Pannel per MPPT		
		Model type of PV Pannel		*QTY of MPPT connected to		
*Installation environment description	*Inverter installed place	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Installation picture A (Please attach it to another page)	Please show the whole inverter with clear surroundings		
	*If there's any shield on top of inverter	<input type="checkbox"/> Yes <input type="checkbox"/> No	Installation picture B (Please attach it to another page)	Please show the inverter's connection status		
	*Distance from the inverter to the nearest obstacle	<input type="checkbox"/> ≤ 0.6m <input type="checkbox"/> > 0.6 m	Installation picture C (Please attach it to another page)	Please show the grouding connection status and N to PE voltage		
	*Distance from the inverter to the nearest inverter (if there is more than 1 inverter)	<input type="checkbox"/> ≤ 1.2m <input type="checkbox"/> > 1.2m				
*Problem description	*Symptom: Frequency of occurrence: Influence:					
*Troubleshooting steps done with testing result	*Step 1 Description of test (if there's any error message on the screen, please take a picture)		*Description of test result (Please provdie the picture of testing result if there is)			
	*Step 2 Description of test		*Description of test result (Please provdie the picture of testing result if there is)			
	*Step 3 Description of test		*Description of test result (Please provdie the picture of testing result if there is)			
	*Step 4 Description of test		*Description of test result (Please provdie the picture of testing result if there is)			
	*Step 5 Description of test		*Description of test result (Please provdie the picture of testing result if there is)			
*RMA Application drafted by (Claimant)				*Date of application		
RMA Application apporved by (Goodwe)				Date of approval		
Replaced inverter SN						

Remark

1. Please note, all the cells marked with star (*) is mandatory to fill up by claimant.
2. Please note all the RMA approval decision is based on the information Goodwe gets from this claim application. After the faulty unit being returned back and checked by Goodwe, if it's confirmed that the failure is due to NONE Goodwe quality related reason, the approval decision made by Goodwe may become invalid and Goodwe reserves the right to charge all the related cost to the claimant.
3. Goodwe reserves the right of final explanation to the understanding of this RMA Claim Application.

Installation picture A

Please show the whole inverter with clear surroundings



Installation picture B

Please show the inverter's connection status

Installation picture C

Please show the grounding connection status and N to PE voltage