



**SIG WARRANTY  
RETURN FORM  
2020 v1**

**WARRANTY & CUSTOM SHOP**

Phone: 905.625.9846 Ext 1

Email: sigrepairs@mdcharlton.ca

**Personal Information**

Full Name:

Address:

Phone:

Alternate  
Phone:

Email:

PAL #

EXP:

Date of Birth:

Return Shipping Options

**PUROLATOR**

**CANADA POST**

**PICK UP**

Shipping  
Comments:

**Firearms / Electro Optics Details**

Model:

Model:

Caliber:

Caliber:

Serial #

Serial #

Accessories:

Accessories:

**Description of Fault**

PLEASE SHIP FORM WITH FIREARM TO:

MDC – Warranty & Custom Shop  
4100B Sladeview Crescent, Unit 4  
Mississauga, Ontario, L5L 5Z3

\*\*\*\* Appointment required for drop off \*\*\*\*

Date	
Received by	

**OFFICE USE**

Notes: \_\_\_\_\_

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