

Camera Lens Division



Inspection Form

Carl Zeiss
Geschäftsbereich Photoobjektive
Service und Vertriebszentrum
73446 Oberkochen
Germany

Sender: Name, First Name : _____
Street, No. : _____
ZIP code / Town : _____
Country : _____
Telephone : _____
Fax : _____
E-mail : _____

Important: Please complete a form for each lens

Lens: (e.g. Planar f/1.7, 50mm) _____

Serial No.: (e.g. 9999 999) _____

Comments:

Place, Date

Signature

Print form