

Application for Registration

Ref. no. (for office use): _____ Date: _____

INFORMATION ON THE CUSTOMER/OWNER OF THE SYSTEM

Company name: _____

Registered office address: _____

Address of the system under warranty: _____

Contact person (name): _____

Telephone: _____ Fax: _____

Email: _____

Project name (will be printed on certificate): _____

Address of the system under warranty: _____

Contact person at site (name): _____

Telephone: _____ Fax: _____

Email: _____

PLEASE INDICATE THE NUMBER OF LINES FOR EACH OF THE HYPERLINE SCS SUBMITTED FOR THE WARRANTY REGISTRATION:

<input type="checkbox"/> Hyperline 5e	<input type="checkbox"/> Hyperline 6A	<input type="checkbox"/> Hyperline FO 10G
<input type="checkbox"/> Hyperline 6	<input type="checkbox"/> Hyperline FO	<input type="checkbox"/> Other

Certified expert name: _____ Certified expert name: _____

Personal certificate number: _____ Personal certificate number: _____

Company name: _____ Company name: _____

Certified expert signature: _____ Certified expert signature: _____

Telephone: _____ Telephone: _____

Email: _____ Email: _____

- Form No. 3 is mandatory for obtaining a warranty certificate for Hyperline SCS.
- By completing this form, the Certified Installer (CI) company and its individual Certified Technicians are making an official confirmation that the cable system meets all the requirements for Hyperline Cabling Systems Ltd. in assembly and components usage.

Please submit this form via email to info@hyperline.com or scan and fax to 613-736-9752.