

Warranty Claim

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

Warranty certificate number: _____ Project name: _____

Address of the system under warranty: _____

INFORMATION ON THE CUSTOMER/OWNER OF THE SYSTEM

Company name: _____

Registered office address: _____

Contact person (name): _____

Signature: _____

Telephone: _____ Fax: _____

Email: _____

PLEASE COMPLETE THIS SECTION IF THE PROJECT HAS BEEN ENGINEERED BY CERTIFIED INSTALLER (CI)

Company name: _____

Company certificate number: _____

Mailing address of the company: _____

Telephone: _____ Fax: _____

Email: _____

1. Failure description:

Continued on next page

2. Actions taken to identify the failure:

3. Please note the part numbers for the components used in the faulty lines:

4. Actions taken to repair the failure:

5. Results obtained:

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

