

Modifications Approval

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

Warranty certificate number: _____ Project name: _____

INFORMATION ON THE CUSTOMER/OWNER OF THE SYSTEM

Company name: _____

Registered office address: _____

Contact person (name): _____

Telephone: _____ Fax: _____

Email: _____

ADDRESS OF THE SYSTEM UNDER THE WARRANTY

Contact person (name): _____

Telephone: _____ Fax: _____

Email: _____

PLEASE INDICATE THE NUMBER OF LINES OF HYPERLINE SCS THAT HAVE BEEN MODIFIED

- | | | |
|---------------------------------------|---------------------------------------|---|
| <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. 8 is required in order to obtain written confirmation of all modifications made in the Hyperline Cabling Systems under warranty.
- Completion of this form is an official confirmation – by the Certified Installer (CI) and by individual certified experts – that all modifications meet requirements of Hyperline Cabling Systems in design, assembly and components.

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