

Preliminary Registration

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

INFORMATION ON THE CUSTOMER/OWNER OF THE SYSTEM

Company name: _____

Registered office address: _____

Address of the system to be registered: _____

Contact person (name): _____

Telephone: _____ Fax: _____

Email: _____

PLEASE INDICATE WHICH HYPERLINE CABLING SYSTEMS WARRANTY IS BEING REQUESTED:

Hyperline 5e

Hyperline FO

Hyperline 6

Hyperline FO 10G

Hyperline 6A

Other

Appointment of preliminary registration:

- To confirm the relevance of the selected warranty program
- To inform the Hyperline SCS owner on terms and conditions of the warranty before physical assembly begins
- To confirm the CI's authority to provide warranty services for the Hyperline SCS

Certified expert name: _____

Certified expert name: _____

Personal certificate number: _____

Personal certificate number: _____

Company name: _____

Company name: _____

Certified expert signature: _____

Certified expert signature: _____

Telephone: _____

Telephone: _____

Fax: _____

Fax: _____

Email: _____

Email: _____

- This completed form must be submitted to Hyperline Systems Canada prior to any installation requiring a system warranty certification under Hyperline Systems Canada.
- Written approval from Hyperline Systems Canada is required prior to the commencement of any installation in order for a Hyperline Systems Canada warranty certification to be valid.

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