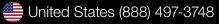


Customer's Response

Re	f. no. (for office us	e):	D	ate:	
INFORMATION ON THE CUSTOMER/OWN	NER OF THE S	SYSTEM			
Company name:					
Registered office address:					
Address of the system under warranty:					
Contact person (name):					
Telephone:	Fa	ax:			
Email:					
Address of the system under warranty:					
Contact person at site (name):					
Telephone:	Fa	ax:			
Email:					
PLEASE COMPLETE THIS SECTION IF TH	E PROJECT H	IAS BEEN ENGIN	EERED BY C	ERTIFIED INSTA	LLER (CI)
Company name:					
■ Diagon and note the quality of the Live culing Cole					
 Please evaluate the quality of the Hyperline Cabl System installed 	ing	Very Good	Good	Satisfactory	Poor
2. Please evaluate the quality of work done by the	CI in general	Very Good	Good	Satisfactory	Poor
3. Please evaluate the technical ability of the CI per	sonnel	Very Good	Good	Satisfactory	Poor
4. Would you call on this CI in the future?		Yes	No		
5. Will you allow Hyperline Systems Canada Ltd. to name of your project in open media sources?	mention the	Yes	No		

Continued on next page



6. Please offer any additional comments regarding your experience with the CI company:
7. Please offer any additional comments regarding product range, technical level and quality of components produced by Hyperline:

- This form is intended to obtain feedback from the owner of the Hyperline SCS in order to evaluate the quality of services offered by
- the CI companies, and to improve the customer service practices of Hyperline Systems Canada Ltd.

 Completion of Form No. 5 is required. After completing this form, it may be transferred to the CI who is executing warranty documents on the Hyperline SCS.
- Form No. 5 can be sent to Hyperline by fax at 1-613-736-9752.

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