



## Claim Form

Please read Warrapost 15 Year Performance Warranty terms and conditions before completing this form.

Name: Address: Telephone: Email: Installation address:  Installation Details:  Details of Failure:  Supplier name: Telephone: Supplier address: Supplier invoice/receipt number: Date of purchase:  Please tick to confirm you have included these documents with your completed claim form: Copy of supplier invoice/receipt Photographic evidence of failure	
Telephone: Email: Installation address: Installation Details:  Details of Failure:  Supplier name: Telephone: Supplier address: Supplier invoice/receipt number: Date of purchase:  Please tick to confirm you have included these documents with your completed claim form: Copy of supplier invoice/receipt	Name:
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Date of purchase:  Please tick to confirm you have included these documents with your completed claim form:  Copy of supplier invoice/receipt	Supplier address:
Please tick to confirm you have included these documents with your completed claim form:  Copy of supplier invoice/receipt	Supplier invoice/receipt number:
Copy of supplier invoice/receipt	Date of purchase:
	Please tick to confirm you have included these documents with your completed claim form:
Photographic evidence of failure	Copy of supplier invoice/receipt
	Photographic evidence of failure
Signature:	Signature:
Date:	Date:

<sup>\*</sup>Terms and conditions apply.