

Ultima Warranty Claim Form

To be completed in the event of a warranty claim

Certified Installer Details

Name			
Position			
Telephone			
Email			
Company Name			
Address			
		Postcode	
Telephone			
UCI No.			

Project Details

Company/Site Name			
Address			
		Postcode	
Telephone			
Primary Contact			
Telephone			
Email			

Please list all non-performing links

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Date problem arose

Please provide a detailed description of the problem(s) and the products affected

Please provide details of any remedial action taken to date. Please provide dates for each action.

Have any alterations been made to the cabling system since certification?

YES/NO

Were any alterations made by an Ultima Certified Installer?

YES/NO

Signed

Dated

Print Name