



## WARRANTY CLAIM FORM

**TZRPF\_EN**  
version 1210  
valid from 4.10.2012

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Buyer:

Address:

Contact person:

Phone:

Fax:

E-mail:

User:

Installation Address:

Location in the building:

User contact person:

Phone:

Fax:

E-mail:

Person authorized to take over the work:

Phone:

Project name:

Supplied with delivery sheet No.:

from:

Last payment made:

in the amount of:

Claimed product:

Type, size:

Serial No.:

Position in project:

Description of malfunction, including exact specification of defective parts (type and serial number):

Claim solution proposal:

### Attachments needed for claim confirmation:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Commissioning document (handover and takeover protocol)

Protocol of adjustment to project values - measurement of air flow and noise

Inspection of electrical equipment, control system and motor working current verification protocol

Operator training protocol

Protocol of last service inspection

The Buyer agrees to provide his representative on the site, that will be entitled to sign the Service protocol. He further agrees that if the authorized representative will not be present on the site or refuses to sign the Service protocol, the entire service will be invoiced irrespective of the eligibility of the claim.

Date:

Name of the authorized representative  
of the buyer:

Stamp and signature: