



# 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		UCI No.	

## Project Details

Company/Site Name			
Address			
		Postcode	
Contact Name			
Contact Telephone			
Contact Email			
Ultima Warranty No.			

Please list all non-performing links

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# Ultima Warranty Claim Form

To be completed in the event of a warranty claim

<b>Date problem arose</b>	
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**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.**

<b>Have any alterations been made to the cabling system since certification?</b>	YES	NO
<b>Were any alterations made by an Ultima Certified Installer?</b>	YES	NO

<b>Signed</b>		<b>Dated</b>	
<b>Print Name</b>		<b>Position</b>	

**For Internal Use Only**

<b>Date Application Received</b>		<b>Claim Process No.</b>	
<b>Warranty Claim Approved</b>	YES	No	<b>Date Approved</b>
<b>Approved By</b>			

