

WARRANTY / RETURN CLAIM FORM

Please email to: warranty@43south.co.nz

WARRANTY

RETURN

***DENOTES REQUIRED FIELD**

*Date of Claim/Return: _____ Claim #: _____
*Dealer Name: _____ *Phone: _____
*Address: _____
*City: _____ *Invoice #: _____
*Contact name: _____ *Contact phone: _____
*Email: _____ Unit hours: _____
*Unit serial #: _____ *Model #: _____
*Motor mfg: _____ *Pump end mfg: _____
*Motor model: _____ *Pump end model: _____
*Motor serial #: _____ *Pump end serial #: _____

PRIOR TO FAILURE:

SUBSEQUENT TO FAILURE:

Date of supply to dealer (new): _____ *Failure date: _____
*Date of supply to end user: _____ Date of repair: _____
Parts invoice: _____
*Date replacement unit supplied: _____

***COMPLAINT/REASON:**

***CAUSE OF FAILURE IF KNOWN:**

OFFICE USE

ASSESSMENT:

RECOMMENDATIONS:

WARRANTY CONCLUSION: Accepted Declined

WARRANTY COMPLETED DATE: _____

ITEMS RETURNED: _____

DISPOSED OF: _____

