

WARRANTY CLAIM FORM

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candock@candock.com

WARRANTY CLAIM FORM

REQUESTED INFORMATION

In the event of a claim related to a potential manufacturing defect of a registered CANDOCK product, please complete the proper following section. Take note that the first the section is reserved for the "Client"; the second one is for the "Distributor"; and the last one is addressed to the "Manufacturer" CANDOCK. Make sure to send all of the requested information and note that incomplete applications will be DENIED. The form must be completed sent by email at the following adress: candock@candock.com.

Other requested files (photos and copies of invoices) should be sent by email to candock@candock.com .

ENT SECTION						
0	CUSTOMER NAME :					
U						
ADRESS :						
PHONE #.	:					
F-MAIL ·						
	DESCRIPTION OF THE PROBLEM :					

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CLIEN	LIENT SECTION				
	0	OTHER REQUESTED DOCUMENTS AND FILES TO BE SENT BY EMAIL: 1 IMAGES OF THE GLOBAL INSTALLATION. 2 IMAGES OF THE DEFECTIVE PRODUCT AND THE PROBLEM ITSELF. 3 INVOICE COPY.			
	DATE :	SIGNATURE:			

DISTRIBUT	OR SECTION
0	DISTRIBUTOR NAME:
DETA	ILLED DESCRIPTION OF THE PROBLEM:
DATE	
DATE <u>-</u>	SIGNATURE:

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DATE OF RECEIPT :					
			YES	NO	
		WARRANTY ACTIVATED :	\bigcirc	\bigcirc	
	ANY MODIFICATIONS TO	THE ORIGINAL INSTALLATION :	$\widetilde{\bigcirc}$	$\widetilde{\bigcirc}$	
	INSTALLATION	IS CONFROM TO STANDARDS :			
			\bigcirc	\bigcirc	
DETAILLED ANALYSIS	:				
CAUSE OF THE PROB	LEM :				
CONCLUSION :					
PRODUCT IS COVEREI	D BY WARRANIY?	YES	N		
DESCRIPTION OF RES	TITUTION :				
ALLOWED TIME AND	EXPANSES OF REPLACEMENT :				
RESPON	SIBLE:				
NATE -		SIGNA	TI IDE-		
DAIE		SIUNA	IUNL		