

Warranty Claim Form

V1.6 08/2018

INSTRUCTIONS:

Please fill in all data or input N/A where not applicable.

Please attach all relevant information (photos, spreadsheets, engineering reports, etc).

Separate claim forms must be filled for different product codes or installation sites.

DISCLAIMER:

The present claim form is provided only for informative reasons and for organizing and reporting customers' claims and in no case, shall it be deemed that RECOM in any way accepts the existence, accuracy, validity, correctness and/or completeness of such claim. It is the responsibility of customer to complete all claim forms truthfully, to provide complete, correct and accurate information and documentation. RECOM and its subsidiaries or affiliates reserve the right to ask for clarifications, additional or other information, not included or mentioned in this claim form.

CUSTOMER AND PURCHASE DETAILS	
CUSTOMER/ COMPANY NAME	
CUSTOMER ADDRESS (CITY/POSTCODE/COUNTRY)	
CUSTOMER TELEPHONE AND EMAIL	
NUMBER OF PURCHASED MODULES	
SOLAR MODULES SUPPLIER	
SOLAR MODULES PRODUCT CODE	
DATE OF PURCHASE INVOICE	
MODULES DELIVERY DATES	
PURCHASE INVOICE NUMBER	
INSTALLATION DETAILS	
PV INSTALLATION ADDRESS (CITY/POSTCODE/COUNTRY)	
TOTAL INSTALLED PEAK POWER	
TYPE OF INSTALLATION (ROOF/GROUND)	
INVERTER TYPE (CENTRAL/STRING)	
INVERTER BRAND	
PV INSTALLER COMPANY	
DEFECT DETAILS	
DATE OF DEFECT	
NUMBER OF DEFECTIVE MODULES	

SERIAL NUMBERS OF DEFECTIVE MODULES (PLEASE ATTACH SERIAL NUMBERS LIST IN A SEPARATE DOCUMENT)	
TYPE OF DEFECT (PLEASE DESCRIBE IN DETAIL)	
TYPE OF EVIDENCE PROVIDED (PHOTOS, THERMOGRAPHIC REPORT, I-V CURVES ETC)	
CONTACT PERSON NAME (FOR TECHNICAL ISSUES)	
CONTACT PERSON TELEPHONE AND EMAIL	

I hereby declare that the information submitted is accurate.

 Name, Position

 Date

 Signature & Stamp