

WARRANTY CLAIM FORM



CLAIM NO.	
CERTIFICATE NO.	
OFFICE USE ONLY	

WARRANTY CLAIM

If you have a Granitgard system that is presumed faulty and you wish to file a warranty claim, please follow the below procedures.

Please complete the following details (ALL fields are mandatory unless stated)

Your Information:				
Name:				
City:		Stato	Post Codo:	
City:		_ State:	Post Code:	
Phone:				
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Mobile:				
Email:				
	(If you hav	ve no email ad	dress, write 'none')	



Cu	stomer Type	e (please tic	k):		
	Comr	mercial: 🗌		Residential:	
Ins	taller's infor	mation:			
Ins	taller Compa	ny Name:			
Wa	irranty Numb	er:			
Pho	one:				
					_
inai	ine or Contac	F 615011			
Info	ormation abo	out the defe	ctive system:		
		stem Install	-		
	.,,,				
	Date Install	led:			
	Date Motan	cu.			
	DD D	MM	YYYY		
	Date last in	spected:			
	DD	MM	YYYY		



1. Places enter a description of the concern and indicate what you think the probable

nt (in detail):
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nt (in detail):
nt (in detail):

3. Once your warranty claim form has been received, a customer service representative will contact you regarding your claim.

IN ORDER TO ASSESS YOUR WARRANTY CLAIM EFFICIENTLY, PLEASE SUPPLY THE FOLLOWING DOCUMENTATION TO ASSIST IN THE PROCESSING OF YOUR CLAIM. YOUR CLAIM CANNOT BE PROCESSED WITHOUT ALL OF THE FOLLOWING DOCUMENTATION:

- a. Granitgard Certificate of Installation Termite Management which detailed the system installation
- b. Certificate number and date issued.
- c. Copy of Warranty Activation Form.
- d. Copy of all Timber Pest Inspection Reports issued by a Granitgard Installer, which comply with AS3660.

NOTE: GRANITGARD MARKETING PTY LTD RESERVES THE EXPRESS RIGHT TO CHARGE FOR SERVICES AND MATERIALS WHERE THE CAUSE OF TERMITE ENTRY IS FOUND TO BE DIRECTLY RELATED TO OTHER PARTIES OR OTHER PARTIES ACTIONS UPON THE GRANITGARD MANAGEMENT SYSTEM.