



WARRANTY CLAIM FORM

WARRANTY CLAIM

CLAIM NO. <input type="text"/>
CERTIFICATE NO. <input type="text"/>
OFFICE USE ONLY

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: _____

Address: _____

City: _____ State: _____ Post Code: _____

Phone: _____

Mobile: _____

Email: _____

(If you have no email address, write 'none')

Customer Type (please tick):

Commercial:

Residential:

Installer's information:

Installer Company Name: _____

Warranty Number: _____

Phone: _____

Fax: _____

Name of Contact Person: _____

Information about the defective system:

Type of System Installed:

Date Installed:

DD MM YYYY

Date last inspected:

DD MM YYYY

1. Please enter a description of the concern and indicate what you think the probable cause might be:

2. Please indicate the termite activity if present (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.