

MANUFACTURER'S WARRANTY FORM
EQUIPMENT REGISTRATION



DATE: _____

INSTALLER DETAILS

Name of installer / installation company*

Email address*

Contact number*

Is your installer fully licenced & competent with solar products & its installation?*

Yes	No	Don't know
<input type="text"/>	<input type="text"/>	<input type="text"/>

Is your installer a qualified electrical wireman / master electrician with a valid registration with the Department of Labour?*

Yes	No	Don't know
<input type="text"/>	<input type="text"/>	<input type="text"/>

PROPERTY OWNER DETAILS

Full name & surname*

Email address*

Contact number*

Full physical address*

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

EQUIPMENT DETAILS

Equipment type*

Inverter	Battery

Description & size (kw/kwh)*

Serial number*

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Place of purchase*

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Date of purchase *

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AVS30 voltage protection installed*

Yes	No

System type

Single	Multi	Large scale

Solar array size & VOC

Additional system information

All fields marked with * are compulsory

Please attach installation images to this email, as well as videos of the technical difficulties you are experiencing.