

Famatel UK Limited
 2 Laurel House
 Station Road
 Weston-super-Mare
 North Somerset
 BS22 6AR

Part code

Holographic code

Date completed

Your reference

Return Date

Carrier Used

Tracking Number

IMPORTANT: All information is required. Failure to send a completed document will result in your claim being rejected.

Part 1 - Claimant Details

| | |
|---------------------|-----------|
| Company Name | Address |
| Company Reg. Number | |
| Email Address | |
| Telephone | Post Code |

Part 2 - Wholesaler

| | |
|-----------------|------------------|
| Wholesaler Name | Date of Purchase |
| Telephone | Invoice Number |

Part 3 - End Client

| | |
|-------------------------|-----------|
| Date of Potential Claim | Address |
| Company Name | |
| Email Address | |
| Telephone | Post Code |

Part 4 - Site

| | |
|----------------|-----------|
| Date Installed | Address |
| Company Name | |
| Email Address | |
| Telephone | Post Code |



If you have them, please include the following with your claim:

| | | | |
|--|--|---------------------------------------|----------------------------|
| Reported to Famatel (please tick) | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Included? (please tick) |
| Date Reported | <input type="text"/> / <input type="text"/> / <input type="text"/> | Copy of Inspection sheet | <input type="checkbox"/> |
| Name of Contact at Famatel | <input type="text"/> | Copy of test certificate | <input type="checkbox"/> |
| | | Copy of contractors instant report | <input type="checkbox"/> |
| Was there a notification sent via email? | Yes <input type="checkbox"/> No <input type="checkbox"/> → | Copy of your email notification to us | <input type="checkbox"/> |
| Famatel UK Incident Number Issued | <input type="text"/> | Photos of product installed | <input type="checkbox"/> |
| | | Photo of product potential issues | <input type="checkbox"/> |

FOR INTERNAL USE ONLY (Not to be completed by claimant).

| | |
|-----------|--------|
| Date | Name |
| Email | Letter |
| Telephone | |

Wholesaler

| | |
|-----------|--------|
| Date | Name |
| Email | Letter |
| Telephone | |

Replacement Goods Issued

| | |
|---------------------------|---------------|
| Date | Name |
| Email | Letter |
| Telephone | Delivery Note |
| Holographic Code Reported | |

Returned Goods

| | |
|-----------------------------------|--------------------|
| Famatel UK Incident Number Issued | DHL/APC Doc Number |
| Site Address for Collection | Letter |
| Company Name | Company Address |
| Holographic Code Reported | |
| Email | |
| Telephone | Post Code |