

Claim form			L		
Transaction key: */ 20 *Number will be assigned by Solarwatt GmbH					
	<u>er</u>				
Telephone:		Fax:			
Telephone:					
Company name: . Address: Telephone:		 Fax:			net
Matter of claim	3/110				tt.r
Module	System compone	ent	Packaging	Miscellaneous	Na Va
Number: Item number.: Manufacturer: Serial number: Delivery note num Invoice number: Immediate replace	nber*): ement delivery (yes/nc	C	Delivery note date: .		claim@solarwatt.net
	of your warranty claim the repla	acement delivery	will be carried out against i	nvoice	Mail:
Short formulation					2
					Reply to:
Information about If your warranty claim \Rightarrow you have the p \Rightarrow to carry the ch	i is not being accepted beca possibility to buy an identica harges of a fault analysis (1	ause of external al solar panel o 50,-€) and trans	influences, or other qua r sportation costs	alified reasons than,	
Hereby I confirm the	e correctness of the data	a and that I ha	ve taken note of the v	varranty information.	
Date:		Signa	ıture:		
If your send the prod	draft, etc.): duct back please attach t iplete forms, because the	this form!			