

## Claim form

Transaction key:  \*

\*Number will be assigned by SOLARWATT GmbH

### Appointed Dealer

Company name: ..... Client number: .....  
 Address: .....  
 Telephone: ..... Fax:.....  
 E-Mail: .....

### Expert installer

Company name: ..... Client number: .....  
 Address: .....  
 Telephone: ..... Fax:.....  
 E-Mail: .....

### Customer

Company name: .....  
 Address: .....  
 Telephone: ..... Fax:.....  
 E-Mail: .....

Full Coverage yes/no

### Matter of claim

Module       System component       Packaging       Miscellaneous

Type: .....  
 Number: .....  
 Item number.: .....  
 Manufacturer: .....  
 Serial number: .....  
 Delivery note number): ..... Delivery note date: .....  
 Invoice number: .....  
 Immediate replacement delivery (yes/no): .....

### Short formulation of problem

Information about the claim.

.....  
 .....  
 .....  
 .....  
 .....  
 .....

### Information about the warranty:

If your warranty claim is not being accepted because of external influences, or other qualified reasons than,  
 ⇒ you have the possibility to buy an identical solar panel or  
 ⇒ to carry the charges of a fault analysis (150,-€) and transportation costs

Hereby I confirm the correctness of the data and that I have taken note of the warranty information.

Date: ..... Signature: .....

Appendix (photos, draft, etc.): .....

**If you send the product back please attach this form!**

**Please avoid incomplete forms, because the claim process will be slowed down!**

**Fax: +49 -(0)351-88 95 263**  
**Reply to: Mail: claim@solarwatt.com**