## EQUIPMENT REGISTRATION & MANUFACTURER'S WARRANTY FORM



DATE:						
INSTALLER DETAILS						
Name of installer / installation co	ompany*					
·						
Email address*						
Contact number*						
Is your installer fully licenced & c	competent with solar produ					
Yes	No	Don't know				
Is your installer a qualified electrical wireman / master electrician with a valid registration with the Department of Labour?*						
Yes	No	Don't know				
PRO	OPERTY OWNER DETAILS	5				
Full name & surname*						
Email address*						
Contact number*						
Full physical address*						

EQUIPMENT DETAILS					
Equipment type*					
Inverter	Battery				
	-				
Description & size (kw/kwh)*	,				
Serial number*					
Place of purchase*	Date of purchase *				
· ·					
Invoice number * SolarSure Xchange *					
	Yes			No	
		103	1	110	
AVS30 voltage protection ins	talled*				
Yes	No				
System type					
Single	Multi		La	arge scale	
				<u> </u>	
Solar array size & VOC					
,					
Additional system informatio	ın.				
Additional system information	111				

## All fields marked with \* are compulsory

Warranty claims require a 7-30 working day time frame to be assessed & completed. Please ensure the following are attached to this email, the warranty process will not move forward without all the requested information.

COC & SSEG

**Installation images** 

Video/s depicting the technical difficulty being experienced