

Warranty Claim Form

Approval No:

You will need the following:

- Proof of purchase (Such as the original dated purchase receipt/invoice)
- Proof of Installation (Certificate of Compliance)

Please complete form below.

Once complete, please email this form and required documents to admin@vallettalighting.com.au

Customer Details

First Name:		Last Name:	
Address of Installation:			
Address Line 2:			
City:	State:	Post Code:	
Contact Number:		Mobile Number:	
Email:		Date of Purchase:	
Store Purchased From:		Invoice Number:	

Product Details 1

Product Name/Code:	Isolation Switch: <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Fault/Damage:	
	Quantity:

Product Details 2

Product Name/Code:	Isolation Switch: <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Fault/Damage:	
	Quantity:

Installers Details

First Name:	Last Name:
Installers Contact Number:	
Electrical Contractors Licence Number:	
Date of Installation:	

Valletta Lighting Office Use Only

Date:	Electrician:
Quote No:	Cost to Rectify:
Approved by:	Signed: