

**VALVES CLAIM FORM**

P1P09I01F02R01

<b>I GENERAL DETAILS:</b>
1. Company name:
2. Customer: address:
3. Contact person :
4. Tel number :
5. E-mail address :
<b>II PURCHASE DETAILS:</b>
1. Invoice number : or order number : or purchase date :
2. The product fig. number and type:
3. Quantity :
<b>III THE PRODUCT IDENTIFICATION</b>
1. The body and bonnet heat numbers or the photo with visible heat numbers:
2. The photo with visible Zetkama logo :
<b>IV INSTALLATION:</b>
1. The installation date:
2. Working time:
3. Location of the installation:
a) external:
b) internal:
c) surrounding:
b) th
<b>V WORKING PARAMETERS:</b>
1. Medium: (luids org as type and the basic information about characteristic )
2. Working temperature; : (nominal, minimal, maximal)
3. The pressure: (nominal, minimal, maximal)
<b>VI FAULT DESCRIPTION:</b>
1. Please attach product picture with visible defect :
2. Full fault description :
<b>VII CLAIM SOLUTION ( Please tick X as required )</b>
1. Product Exchange:
2. Requested delivery time :
3. Correction invoice/credit note/ debit note:
4. Others: