

Please complete the form below and return with your faulty item (if applicable) in the envelope provided. **Replacement Items will be charged at the full amount if faulty items are not returned.**

Product Details			
Product/Model no:		Date purchase:	
Order/Invoice no:		Installation Date:	
Customer Details			
Company Name:			
Contact Name:		Phone:	
Address:			
Email:		Fax:	

Installing Plumbers Details			
Company Name:			
Contact Name:		Phone:	
Address:			
Email:		Fax:	

Faulty Part:	✓	Brief Description of issue
Internal Valve	<input type="checkbox"/>	
Water pressure regulator	<input type="checkbox"/>	
Activator Button/ Handle	<input type="checkbox"/>	
Tap/s	<input type="checkbox"/>	
Bottle Refill	<input type="checkbox"/>	
Internal fixings/fittings	<input type="checkbox"/>	
Structural – Main body	<input type="checkbox"/>	
Structural - Basin	<input type="checkbox"/>	
Finish	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

Additional Comments: please include information like when issue started, how long it has been happening and what, if any action was taken.

Customer Signature:		Date:	
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