



Warranty Against Defects Claim Form

Date: _____
Place of Purchase: _____
Address: _____

Contact: _____
Phone: _____
Product name/model: _____
CFMA Invoice #: _____
Invoice Date: _____

Customer Name: _____
Address: _____

Contact: _____
Daytime Phone: _____
Email: _____

Attach photocopy of invoice – claim cannot proceed until this is sighted.

Is the claimant the original purchaser of the goods? Y/N
Have photos showing the issue been supplied? Y/N

Customer Statement detailing issue:

Signed as a true and complete statement: _____

Inspection Details:

Name of inspector: _____
Inspection Comments/Recommendation:

Manufacturer's Recommendation:

