

WARRANTY REGISTRATION FORM

Location for installation of the lighting fixtures (shopping mall, hall, store):

Address (name of the company, name of the contact person, telephone number):

E-mail:

Operation parameters (No. of hours daily, No. of days annually):

Data of the company responsible for the installation:

Installation data (used wires and their routing method, used protection measures etc.):

Purchase date:

Purchase document:

Installed fixtures:

| Code | Name | Quantity | Serial No. <small>(on the product's label)</small> |
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Please fill out the form to: warranty@wojnarowscy.com.pl