

# MODULE CLAIM FORM

Date of claim (dd/mm/yyyy):

## Contact information

<b>Distributor name:</b>	<b>Contact person:</b>
Email:	Phone:
Street / City:	Postcode:
<b>Installer name:</b>	<b>Contact person:</b>
Email:	Phone:
Street / City:	Postcode:
<b>Consumer name:</b>	<b>Contact person:</b>
Email:	Phone:
Street / City:	Postcode:

## Product information

<b>Order time:</b>	<b>Module manufacturer:</b>
Module type:	Order quantity:
Shipment date (dd/mm/yyyy):	Installation date (dd/mm/yyyy):
Defect goods quantity:	
<b>Detail information about defect goods:</b>	
Details about installed system (string configuration, inverter type etc.)	

## Goods Barcode

1		11		21		31	
2		12		22		32	
3		13		23		33	
4		14		24		34	
5		15		25		35	
6		16		26		36	
7		17		27		37	
8		18		28		38	
9		19		29		39	
10		20		30		40	