

## NOTIFICATION OF WARRANTY CLAIM

**ORDERING PARTY:**
(company name/address/PIN/contact person/phone)
**SITE/USER:**
(company name/address/PIN/contact person/phone)
**AUTOMATION AND CABLING  
INSTALLER**

| DEVICE TYPE | SERIAL NO. | SALES DATE | START UP DATE | DATE OF LAST INSPECTION |
|-------------|------------|------------|---------------|-------------------------|
|             |            |            |               |                         |
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**PRECISE DESCRIPTION OF THE FAULT:**
**NOTES:**

*In the case of an unjustified call, the Submitter shall be charged with the full amount related to the commuting and work of the KLIMOR service team at the site directly related to the order. Rates of the Service in the amount of 2.00 PLN net for each kilometer counted in both directions and 200.00 PLN net/person for each started hour of service, however, not less than 900.00 PLN net. On Saturdays, Sundays and public holidays, the rate will be counted twice, as specified in Article 151 of the General Tax Code<sup>1</sup>.*

.....  
DATE AND SIGNATURE OF SERVICE TECHNICIAN

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SEAL AND LEGIBLE SIGNATURE OF THE PRINCIPAL



