

**HOFFMANN POWER PTY LTD**  
**WARRANTY CLAIM FORM**

DATE :

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DEALER NAME : .....

TELEPHONE : .....

FAX : .....

CONTACT PERSON : .....

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**CLAIM :**

PART NUMBER/ DESCRIPTION OF UNIT : .....

SERIAL NUMBER : .....

ORIGINAL INVOICE NUMBER : .....

Note : We cannot process a warranty claim without the serial number.

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**BRIEF DESCRIPTION OF CLAIM (FAULTY OR DAMAGED PART)**

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PLEASE COMPLETE CLAIM AND RETURN TO HOFFMANN POWER AT :  
E-mail : [benny@hoffmannpower.co.za](mailto:benny@hoffmannpower.co.za) / [ruby@hoffmannpower.co.za](mailto:ruby@hoffmannpower.co.za)

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