



## Five years Warranty Registration Form

---

### Contact profile

(Entry fields marked with an \* must be completed)

Title\*

Name\*

Surname\*

Email\*

Job title\*

Forma Sales Invoice Number\*

Where were goods stored before Installation?\*

Date of Invoice\*

### Project Information

(Entry fields marked with an \* must be completed)

Project Name\*

Location Address\*

Installation Area (e.g lobby, gallery, shop...etc)\*

Daily working hours\*

Date of Installation\*

Project Lighting Designer\*

Name of Contractor performing Installation\*

Local Certification of Installation Contractor\*