



**KM PRODUCTS EUROPE LTD**  
**CUSTOMER WARRANTY CLAIM FORM**



**\*\*\*\*mandatory fields**

This form must be completed and returned to **KMP EUROPE LTD** with the necessary information to allow your claim to be registered and for investigate, if this form is not returned to **KMP EUROPE LTD** this could delay your claim

<b>**Customer Name</b>	<input type="text"/>	<b>Account Number</b>	<input type="text"/>
<b>**Contact Person</b>	<input type="text"/>	<b>**Telephone</b>	<input type="text"/>
<b>**Fax</b>	<input type="text"/>	<b>E-mail</b>	<input type="text"/>
<b>**PART NUMBER</b>	<input type="text"/>	<b>**DESCRIPTION</b>	<input type="text"/>
<b>GRN NUMBER</b> Found on label	<input type="text"/>	<b>**KMP INV. NO</b>	<input type="text"/>
<b>**QUANTITY INVOLVED</b>	<input type="text"/>	<b>Others</b>	<input type="text"/>

**\*\*NATURE OF COMPLAINT / PROBABLE CAUSE OF FAILURE**

**OTHER COMMENTS**

Photographic evidence would also assist in any claim, please try to show the problem area on the photos

<b>Internal Reference Number</b>	<input type="text"/>	<b>Date Submitted</b>	<input type="text"/>
----------------------------------	----------------------	-----------------------	----------------------