

Warranty Application Form

Date: _____
 Your Warranty Ref. number: _____
 Name of Roll Former: _____
 Address of Roll Former: _____
 Name of Roofing Contractor: _____
 Address of Roofing Contractor: _____
 Warranty to be issued to: _____
 (Name & Address): _____

Project Details:

Owner's Building Name: _____
 Owner's Building Address: _____
 Type of Building: House Warehouse Factory Other _____
 Describe activities being carried out within building: _____
 Date of Installation (Effective): _____ Warranty Period: _____ years
 Have materials and location been inspected? (Yes/No): _____ Pitch of Roof: _____
 Material Used: **ZincAL®** Others: _____
COLORPLUS® Colour: _____

 Coil Number: _____

 Area of roof/wall (please indicate) (1) _____ m² R / W (2) _____ m² R / W
 Rollformed product used (Profile Name): (1) _____ (2) _____
 Thickness - total coating thickness (1) _____ mm (TCT) (2) _____ mm (TCT)
 Type of screw fixings used: Fastener Type AS3566: Class 3 Class 4
 State whether the project has a ceiling, insulation vapour barrier or nothing under the roof: _____

Flashing Materials Used:

Capping Materials Used:

<input type="checkbox"/> ZincAL®	Others: _____	<input type="checkbox"/> ZincAL®	Others: _____
<input type="checkbox"/> COLORPLUS®	Colour: _____	<input type="checkbox"/> COLORPLUS®	Colour: _____
<input type="checkbox"/> COLORPLUS®	Colour: _____	<input type="checkbox"/> COLORPLUS®	Colour: _____
Fastener Type:	<input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4	Number/m ² : _____	Are eaves exposed: _____

Surrounding Environments:

Temperature Range: _____ °C to _____ °C Annual Rainfall: _____
 Project is located: _____ km from salt marine influence or severe industrial influence.
 If <5km from salt marine influence, state if: Calm Surf Rough
 Give full details of any other aggressive or unusual factors considered to influence warranty and state distance away in km: _____

 Observed performance of similar products and application in the area: _____

 Raised by: _____ Name: _____
 Company: _____ Contact: _____