WARRANTY CLAIM FORM

Warranty Providers Name: Mobility Plus Ltd

Warranty Providers Address: 67 Totara Street, Mount Maunganui 3116

Client:

Contact No.

Description of the Goods:

Receipt enclosed: ❑ Yes ❑ No

(tick box)

Receipt No:

Description of defects

(Give as much detail as possible.

Use a separate page if required):

Date of purchase:

I hereby declare that the information provided above is true and correct and to the best of my knowledge and belief and I have complied with all the conditions of the manufacturer's warranty.

Signed:

Name (please print):

Dated:

Please note: The issue or completion of this form by Mobility Plus staff does not constitute an admission of liability by Mobility Plus Ltd.

67 Totara Street, Mt Maunganui, 3116
info@mobilityplus.co.nz www.mobilityplus.co.nz

Please use this page for further description of defects.

67 Totara Street, Mt Maunganui, 3116
info@mobilityplus.co.nz www.mobilityplus.co.nz