

WARRANTY CLAIM FORM

** ALL FIELDS MUST BE COMPLETED IN ORDER TO PROCESS THE WARRANTY

CONTROL OF THE RECEPTION OF WARRANTIES | RETURNS

| Date | RGA # |
|------------------|------------------------------------|
| Contact | Cojali Ref. / Jaltest Serial # (s) |
| Company | |
| Phone Number (s) | |
| Shipping Address | Distributor Company |
| | Distributor Name |
| | Phone Number (s) |
| E-mail | E-mail |

CUSTOMER CLAIM | WARRANTY DESCRIPTION

THIS SECTION WILL BE COMPLETED BY COJALI USA

| WARRANTY | RECEPTION DATE | REPAIR DATE | RETURN DATE | REPLACEMENT | REPLACEMENT TYPE |
|----------|----------------|-------------|-------------|-------------|------------------|
| | | | | | |

COMMENTS | PERFORMED TESTS

WORKED ON BY: