



# General Warranty Return Form

This form must be returned fully completed with the warranty claim item(s) within 28 days of the product failure or problem occurring; if not we reserve the right to reject the claim.

Please send all returns and documentation to:

**Warranty Department  
Thermofrost Cryo Plc  
Robert Fawkes House  
Rea Street South  
Birmingham  
B5 6LB**

**Customer Name** .....**A/C no.**.....  
**Address**.....  
.....  
.....

**Item(s) returned**.....  
.....  
.....

**Serial Number (if applicable)**.....

**Warranty Number (if applicable)**.....

**Date Purchased** ...../...../.....      **Invoice no.**.....

**Date Installed** ...../...../.....

**Full Details of Failure**.....  
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.....

This information is essential for the claim to be processed. If full details are not provided this may result in the warranty claim being delayed or refused.

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For office use only:

Replacement parts sales order:.....      Date...../...../.....