



# Hitachi 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**.....  
.....  
.....

**Outdoor Unit Model**.....**S/N**.....  
**Indoor Unit(s) Model**.....**S/N**.....

**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. If failure occurs after the first year of warranty we reserve the right to ask for records of service history.

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For office use only:  
**Replacement parts sales order**:.....      **Date**...../...../.....