

# INCORRECT PRODUCT DELIVERY

## CLAIM FORM

V1.3 1/2023

INSTRUCTIONS:

Please fill in all data or input N/A where not applicable.

Please attach all relevant information (photos, spreadsheets, engineering reports, etc).

DISCLAIMER:

The present claim form is provided only for informative reasons and for organizing and reporting customers' claims and in no case, shall it be deemed that RECOM in any way accepts the existence, accuracy, validity, correctness and/or completeness of such claim. It is the responsibility of customer to complete all claim forms truthfully, to provide complete, correct and accurate information and documentation. RECOM and its subsidiaries or affiliates reserve the right to ask for clarifications, additional or other information, not included or mentioned in this claim form.



CUSTOMER AND PURCHASE DETAILS	
CUSTOMER/ COMPANY NAME	
CUSTOMER ADDRESS (CITY/POSTCODE/COUNTRY)	
CUSTOMER TELEPHONE AND EMAIL	
NUMBER OF PURCHASED MODULES	
SOLAR MODULES SUPPLIER	
SOLAR MODULES PRODUCT CODE	
PURCHASE INVOICE NUMBER	
DATE OF PURCHASE INVOICE	
MODULES DELIVERY ADDRESS	
MODULES DELIVERY DATES	
DEFECT DETAILS	
NUMBER OF INCORRECT/DEFECTIVE MODULES	
SERIAL NUMBERS OF INCORRECT/DEFECTIVE MODULES <i>(PLEASE ATTACH ALL SERIAL NUMBERS LIST IN A SEPARATE DOCUMENT)</i>	



<b>TYPE OF DEFECT (PLEASE DESCRIBE IN DETAIL AND FOR EACH S/N)</b>	
<b>TYPE OF EVIDENCE PROVIDED (PHOTOS, THERMOGRAPHIC REPORT, I-V CURVES ETC)</b>	
<b>CONTACT PERSON NAME</b>	
<b>CONTACT PERSON TELEPHONE AND EMAIL</b>	

I hereby declare that the information submitted is accurate.

\_\_\_\_\_  
Name, Position

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature & Stamp

