Elsy & Gibbons
Fifers Lane
Norwich
NR6 6XB

IMPORTANT PLEASE RETURN:
GUARANTEE REGISTRATION CARD

IMPORTANT PLEASE RETURN:
WARRANTY REGISTRATION CARD

Business Reply Plus
Licence Number
RSUT-CRYB-UHJK
# Warranty registration

**Please complete this section**

Upon receipt of this document your warranty will be activated and you will be registered as the owner of this product. This will help us refer to the details of your particular purchase and enable us to communicate more effectively with you, should you have any query in the future.

<table>
<thead>
<tr>
<th>Product ref (eg 93.050.0111)</th>
<th>Serial number of unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of installation</td>
<td></td>
</tr>
</tbody>
</table>

To be completed by user

**User’s name**

**Address**

**Postcode**

**Telephone number**

**Data Protection**

We will use the information provided by you to enable you to bring a claim under our warranty. We may disclose your information to third parties who process data on our behalf, but will not disclose it to any other person. We may also use your information for the purpose of carrying out research into the installation and use of our products for our own internal business purposes. If you do NOT consent to us using your information in this way please tick here.

We may also use your information to contact you to carry out market research into our products and/or to tell you about products which may be of interest to you. If you do NOT consent to us using your information in this way please tick here.

You are entitled to ask us to tell you about the information we hold about you and how any inaccuracy is corrected.

To be completed by installing company

**Installer’s Company name**

**Address**

**Postcode**

**Telephone number (optional)**

**Useful data (optional)**

The following information is optional. If you choose to complete it, please indicate whether you are the

- [ ] USER
- [ ] INSTALLER

What type of building will the unit be installed in?

- [ ] OFFICE
- [ ] COMMERCIAL
- [ ] HOUSE
- [ ] SCHOOL
- [ ] APARTMENT/FLAT
- [ ] OTHER

Where will the unit be installed in the building?

- [ ] LOFT / KITCHEN ETC.

Is this a

- [ ] NEW INSTALLATION?
- [ ] REPLACEMENT? (OTHER)

Was this product easy to install?

- [ ] YES
- [ ] NO

Any other comments?