

APPLICATION FORM FOR "NON BINDING WARRANTY"

(all data's to be filled in in capital letters by the authorised distributor/service center/dealer)

Application form to be sent to fax-no. of authorised distributor:



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Stamp and signature of authorised distributor/service center/dealer

DATA'S OF OWNER

..... Name of owner Phone no. of owner
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DATA'S OF PRODUCT / DECISION ON THE CLAIM

..... Serial No. of ROTAX engine/chassis Total hours of operation
____ (YYYY) - ____ (MM) - ____ (DD) Date of repair of failed product	____ (YYYY) - ____ (MM) - ____ (DD) Date of failure of product
____ (YYYY) - ____ (MM) - ____ (DD) Date of sale to 1st owner Time for repair according to the flat rate schedule
<input type="checkbox"/> accepted <input type="checkbox"/> declined <input type="checkbox"/> "Good will" Decision on the claim	

REPLACEMENT PARTS USED FOR THE REPAIR

Quantity	BRP-ROTAX part no.	Description	Item which has caused the failure marked with an "X"

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DESCRIPTION / REASON OF THE FAILURE

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