

GATES AUSTRALIA PTY LTD

1-15 HYDRIVE CLOSE DANDENONG SOUTH, VIC 3175 AUSTRALIA GATESAUSTRALIA.COM.AU

WARRANTY REQUEST FORM

DISTRIBUTOR NAME			
Phone №		Contact name	
E-mail address		Fax №	
Your claim №			
GATES PRODUCT – Reference (P/N)		Quantity	
One warrenty request form my	at he filled in neveloim one	 d enclosed in the shipment to Gates T	Tooknieel Centre
One warranty request form mu	st be filled in per claim and	denciosed in the shipment to dates i	echnical centre.
CLAIM DESCRIPTION (qua	ality defect, failure, etc	C)	
		•	-
	been mounted on a v	ehicle – please indicate:	
VEHICLE DETAILS		Madal	
Maker Fraince and a / a a		Model Facing No.	
Engine code / c.c.		Engine № Total Kilometres	
First year of registration Registration №		Date of failure	
GATES PRODUCT DETAIL	C	Date of failure	
GATES PRODUCT DETAIL	.S	Kilometres since	
Date of installation		installation	
GARAGE DETAILS		motanation	
Garage name		Phone №	
Fax №		E-mail address	
Garage address			
ENGINE DAMAGE DESCR	RIPTION		
Was the application chec	ked and found to be c	orrect? Yes	No □
Are copies of following at		lation invoice of the Gates prod	
		ate (or invoice) of the repairs?	
	S. 2 5		
If not, please explain why			



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If your claim is rejected, do	Yes □ No □	
Name:	Function:	<u>Date</u> :
Distributor signature and st	tamp:	
	ADMINISTRATION	
GATES CLAIM NUMBER:		