



Illumination
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KOVE PROFESSIONAL WARRANTY REGISTRATION

AD-11-KLSWarrantyReg



Client Details:

Company Name: _____ Contact: _____
 Address: _____ City: _____
 State, Postcode _____ Country: _____
 Phone: _____ Fax: _____
 Email: _____

Project Details

Project Type (i.e hotel, airport, business tower): _____
 Project Name: _____
 Address: _____ City: _____
 State, Postcode _____ Country: _____
 Project Commissioning Date: _____

Product Supplier and Purchase Details

Company Name: _____ Country: _____
 Email: _____
 Invoice Date: _____ Supply Date: _____
 Invoice Number: _____

I acknowledge that the above information is a true and realize that providing false information may result in voiding the product 5 year warranty.

Name: _____ Position: _____
 Company: _____ Date: _____

Signature: _____

Please Fax to +61 7 3375 9444 (Attention: Warranty) or Email to warranty@intralux.com