

Date: _____
Warranty to be issued to (Roll Former): _____
Address of Roll Former: _____
Project and Address: _____

Project details

Building type (House, Warehouse, Factory): _____
Warranty request period: _____ Years Date required for warranty: _____
Site inspected? _____ Yes _____ No
Area of roof: _____ m²

Materials used

Material ordered: _____ Tonnage _____ Gauge _____ Zinc coating weight _____
ArcelorMittal material Order Number (Include coil number): _____
Colour of sheeting: _____ Profile: _____

Surrounding environment

State whether the Product has a ceiling, insulation barrier or nothing underneath:

Are the Eaves exposed? _____ Yes _____ No
Project is located _____ km from salt marine or severe industrial influence.

Invalid information invalidates the warranty

Name: _____ Company: _____
Designation: _____ Tel / Cell Number: _____
Signature: _____ Date: _____