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10-year Warranty Claim Form

Claim information

Date of application:	
Customer name:	
Contact number:	
Email:	
Address where the tank is situated:	
Purchase Information	
Date of purchase:	
Proof of purchase:	Yes No
Retailer the tank was purchased from:	
If not purchased from a retailer please spec	cify where the tank was purchased:
Product information Type: Vertical Slimline SG: Water Medium Size:	Low Profile Horizontal Silo Septic Conservancy Heavy Duty grass Cloudy Grey Stormy Sky Khaki Brown Sandstone
Bushveld Royal B	Blue Red Black
Natural White Blue Ti	nt Yellow Tint
Installation information	
Please confirm the foundation type:	Stand Concrete slab Other Not relevant
if other, or not relevant, please specify:	

Claim summary

Describe the problem with the tank:

In order for us to process this claim we require the following to be submitted with this form:

• Photo of the entire installation, clearly showing the tank and foundation

- Photo (close up) of problem/reason for claim
- Proof of purchase

Office Use Only

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Office use only

Claim number:	
Is the product within the 10-year warranty period?	Yes No
Have all the required supporting documents been provided?	Yes No
Was the tank installed/used as per the warranty requirements?	Yes No
If no for any of the above please elaborate:	
Is this a valid claim?	Yes No

If no, please elaborate:

Recommendation

Repair Replace Date of recommendation

Sales representative		
Factory admin manager		
Factory production manager		
National production manager		

Claim details

Has the tank been booked in? Tank classification number Name of person handling claim Invoice number

Guidelines for repairs:
