

APPLICATION FORM FOR "ROTAX MANUFACTURERS WARRANTY"

All data to be filled in in capital letters by the authorised distributor/service center/dealer Application form to be sent by email or fax to 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 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	ROTAX part no.	Description	The item which has caused the failure has to be marked with a "x"

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DESCRIPTION / REASON FOR THE FAILURE

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