



Warranty Application Form

Provisional Warranty Request

Completed/Installed Project

Date: _____

Your Warranty Ref. number: _____

Name of Roll Former: _____

Address of Roll Former: _____

Name of Roofing Contractor: _____

Address of Roofing Contractor: _____

Warranty to be issued to: _____

(Name & Address): _____

Project Details:

Owner's Building Name: _____

Owner's Building Address: _____

Type of Building: House Warehouse Factory Other _____

Describe activities being carried out within building: _____

Date of Installation (Effective): _____ Warranty Period: _____ years

Have materials and location been inspected? (Yes/No): _____ Pitch of Roof: _____

Material Used: **ZincAL®** AZ100 AZ150 AZ200

COLORPLUS® AZ100 AZ150 AZ200

If colour please stipulate colour: _____

Coil Number: _____

Area of roof/wall (please indicate) (1) _____ m² R / W (2) _____ m² R / W

Rollformed product used (Profile Name): (1) _____ (2) _____

Thickness - total coating thickness (1) _____ mm (TCT) (2) _____ mm (TCT)

Type of screw fixings used: Fastener Type AS3566: Class 3 Class 4

State whether the project has a ceiling, insulation vapour barrier or nothing under the roof: _____

Flashing Materials Used:

Capping Materials Used:

ZincAL® Others: _____ ZincAL® Others: _____

COLORPLUS® Colour: _____ COLORPLUS® Colour: _____

COLORPLUS® Colour: _____ COLORPLUS® Colour: _____

Fastener Type: Class 3 Class 4 Number/m²: _____ Are eaves exposed: _____

Surrounding Environments:

Temperature Range: _____ °C to _____ °C Annual Rainfall: _____

Height above sea level: _____

Project is located: _____ km from salt marine influence or severe industrial influence.

If <5km from salt marine influence, state if: Calm Surf Rough

Give full details of any other aggressive or unusual factors considered to influence warranty and state distance away in km: _____

Observed performance of similar products and application in the area: _____

Raised by: _____ Name: _____

Company: _____ Contact: _____