

Claim ID:
(to be filled by GBC)

GBC SOLINO CLAIM PROTOCOL

Attach the protocol to the claimed device!

TO BE FILLED IN BY THE CLAIMANT

Please fill out the protocol properly and completely; otherwise, your request may not be accepted.

Contact Details of the Claimant			
Company Name:		Phone:	
Contact Person:		E-mail:	

Claimed Product			
Product Name:		Serial Number:	
		Registration Number:	

Proof of Delivery of the Claimed Product: (Delivery Note / Invoice):	Number:	
	Date:	

Description of the Product Issue		
Describe the issue of the claimed product:		
	GBC Technician	

Delivery/Pickup Address and Contact Person (not the end customer)			
Company Name:		Pickup	<input type="checkbox"/>
Street:		Pickup Date	
City, Municipality:		Pickup Time	
ZIP Code:		Loading Ramp	<input type="checkbox"/>
Contact Person:		Carton	<input type="checkbox"/>
Phone:		Pallet	<input type="checkbox"/>
Delivery address			

Other contents of the package containing the claimed product (check or mark "✓")

Wifi/LAN	<input type="checkbox"/>	Registration Number:	
Cables	<input type="checkbox"/>	Smart Meter	<input type="checkbox"/>
Original packaging	<input type="checkbox"/>	Customer Signature*:	
Accessories (e.g., connectors, CTs, ...)	<input type="checkbox"/>		

*By signing, the customer agrees to cover the costs for the replacement device, including transportation costs, if the warranty case is not confirmed after device inspection or if no repair is performed.

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filled in by GBC:

Acceptance of Warranty Case - Preliminary Dispatch of Replacement Device ☐ Replacement Device Issued ☐

Receipt Date	
Goods at GBC:	
GBC Branch:	

GBC Signature / Stamp:

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