



WARRANTY REGISTRATION FORM

PRODUCT INFORMATION

Series: **MERIT** **PRIME**
Model: _____
Serial Number: _____
Date of Installation: _____

CUSTOMER INFORMATION

Organization/ Institute / Company: _____
Contact Person: _____
Address: _____

Tel: _____ Fax: _____
Email: _____

NAME OF DISTRIBUTOR

Company Name: _____
Contact Person: _____
Country: _____

SINGATURE

DATE

EMAIL THE COMPLETED FORM TO: SERVICE@KALTIS.BIZ OR

FAX: +886 (0)2 22475519

THE COMPLETED FORM MUST REACH KALTIS® WITHIN 3 WEEKS OF INSTALLATION TO VALIDATE THE WARRANTY.

The future has a name
www.kaltis.biz