



Request for warranty extension to 20 years
Warranty number: _____ (completed by Ampack)

Address of property Name _____ Street, No. _____ Postcode/City _____		Address of architect, planner, construction manager Name _____ Street, No. _____ Postcode/City _____	
Address of skilled manual worker Company _____ First name/Surname _____ Street, No. _____ Postcode/City _____		Construction Installation date** _____ Natural weathering** _____ weeks Acceptance of work _____	
Installed Ampack products*		Batch numbers**	
Product 1: _____	_____ sqm/m/units	_____	_____
Product 2: _____	_____ sqm/m/units	_____	_____
Product 3: _____	_____ sqm/m/units	_____	_____
Product 4: _____	_____ sqm/m/units	_____	_____
Product 5: _____	_____ sqm/m/units	_____	_____
Product 6: _____	_____ sqm/m/units	_____	_____
Product 7: _____	_____ sqm/m/units	_____	_____
Product 8: _____	_____ sqm/m/units	_____	_____
Product 9: _____	_____ sqm/m/units	_____	_____
Stamp and signature of skilled manual worker Place and date _____ The undersigned hereby confirms that the information provided is correct and complete and that they agree to the General Warranty Conditions.		Stamp and signature of Ampack AG Place and date _____	

*Enclose delivery notes / **relates to the roof and façade membranes

Please return the completed form by email to technik@ampack.ch