



Compensation Claim Form

Please help us to process your claim for compensation by providing the following details about your Solax inverter.

PLEASE USE BLOCK CAPITALS AND BLACK INK

Company Details

Surname		First Name		Initial		Title	
Company Name							
Address							

Inverter Details

Model Number		Ticket Number	
Date of report		Date of Exchange	

Claim Information

Name of the Bank		Beneficiary Name	
Sort Code		Account Number	

Office Use only

Authorised By		Office Record No.	
Signature		Date of Payment	