



WARRANTY REACTIVATION FORM

TO REACTIVATE YOUR WARRANTY PLEASE COMPLETE THIS FORM WITH YOUR INSPECTING COMPANY AND RETURN WITHIN 30 DAYS

It is recommended that you keep a copy of this activation form for your own records.

I, the home owner have read and understood the information contained in the Termguard Warranty Conditions and wish to reactivate my Termguard Warranty:

Date:..... **Phone (Owner):**(.....).....

Name (Home Owner):

Address where System is installed:

Postal Address if different to above:

Email:

Signed by the Home Owner/s:

_____ **BELOW TO BE COMPLETED BY TERMGUARD LICENSEE** _____

I, the Termguard Licensee have fully inspected the property and agree that there are no problem items which should prevent the Termguard Warranty from being reinstated:

Termguard Licensee Company:

Termguard Licensee Inspector Name:

Termguard Licensee Inspector Signature:

Date:.....

Inspection Report No...... **Reinjection Cert. No.**.....

Return this form along with a photocopy of your initial Certificate of Treatment/Installation Certificate, latest Inspection Report and Reinjection Certificate issued by a Termguard Licensee along with any previous inspection reports and reinjection certificates that you may hold, to:

TERMGUARD PTY LTD
PO Box 1537, Oxenford QLD 4210