## Warranty Application for Chromadek® or Galvanised Steel



Date:					
Warranty to be issued to (Roll Former):					
Address of Roll Former:					
Project and Address:					
Project details					
Building type (House, Warehouse, Factory):					
Warranty request period:	Years		Date required for warranty:		
Site inspected?	Yes		No		
Area of roof:	$m^2$				
Materials used					
Material ordered: Tonna	ige	Gauge	Zinc	coating weight	
ArcelorMittal material Order Number (Include coil number):					
Colour of sheeting:			Profi	ile:	
Surrounding environment					
State whether the Product has a ceiling, insulation barrier or nothing underneath:					
Are the Eaves exposed?	Yes		No		
Project is located km from salt marine or severe industrial influence.					
Invalid information invalidates the warranty					
Name:		Company:	Company:		
Designation:		Tel / Cell Number:			
Signature:		_ Date:			

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