



AGRI TILL

WARRANTY CLAIM FORM

Date:

Client Details	
Company Name	<input type="text"/>
Country and State of usage	<input type="text"/>

Number of Discs fitted to the implement:

Type of Soil	<input type="checkbox"/> SANDY	<input type="checkbox"/> CLAY	<input type="checkbox"/> LOAM
	<input type="checkbox"/> NEW GROUND	<input type="checkbox"/> STONES	<input type="checkbox"/> INDUSTRIAL
	<input type="checkbox"/> DRY	<input type="checkbox"/> MODERATE	<input type="checkbox"/> WET

Date of Purchase: Acres Worked: Hours Worked (Approx):

Quantity Claimed: Disc Part No.: Plain/Notched:

Production Code:

Full Description of claim:

Attach Picture of Part & Fault:

Returned Sample/s Dispatched Details:

Date: Pcs. Challan No.

OFFICE USE ONLY

Reason for claim being either accepted or rejected: _____

Prepared by: _____ Date: _____ Approved by: _____ Date: _____