



Warranty Request Form

Customer Detail	
Name*	MR C. SYMONDS
Address Line 1*	A CHAPEL VIEW
Address Line 2*	SOUTH CROYDON
Postcode*	CR2 7LE
Contact number*	07967-706426
E Mail*	Colin.Symonds@blueyonder.co.uk
Product Details	
Product Number*	34718000
Date fault Occurred*	
Description of fault*	PUSH BUTTON SEALED UNIT IS LEAKING FROM ON/OFF BUTTON FOR BATH
Proof of Purchase*(Invoice from seller)	W0R15849/2 ORDER NUMBER C2633 INVOICE NUMBER

* = Required information.

Failure to fill out all required fields will result in delays in processing your query. Send the completed form to: info-uk@grohe.com.