ITALIANA MEMBRANE PRODUCT Guarantee Request Form for Insurance Backed Guarantee or Material & Workmanship Guarantee

PLEASE NOTE: A guarantee document will be issued based upon the information you have written on this Guarantee Request Form. Please PRINT the information you supply clearly and ensure it is correct.

Italiana Membrane roofing products up to be guaranteed:
Enter Name of Italiana Membrane Product

Cap Sheet:
Cap Sheet Colour:
Intermediate Layer(s):
Venting Layer:
Insulation:
Insulation Thickness:
Vapour Control Layer:
Safety Layer / Isolating Layer:

Roof AREA in M^2:

ONLY ENTER DETAILS FOR ITALIANA MEMBRANE PRODUCTS
Attach copies of invoices for all items to be included in guarantee.

Indicate Type of Guarantee Required:

Insurance Backed

or

Material & Workmanship

Length of Guarantee Required (in years):

Date of completion of Roofing Works:

Full Address of property including postcode to be covered by Guarantee (include relevant details such as: - Year 4 Classroom Roof, or Rear Extension Roof, or Garage Roof etc):

Full Address including postcode of Legal Owner of Property for the address of the property at which the roofing works were carried out at and to whom the guarantee is to be made out to:

Name of Supplier of Italiana Membrane Products if not EDS Roofing Supplies:

Full Name, Address, Telephone Number and Email Address of Roofing Contractor applying for guarantee:

Approved Contractor Registration Number:

Registration Number of Approved Installer(s) who installed products to be guaranteed:

I the undersigned confirm the information provided on this form is correct, that I have the authority and responsibility of the company carrying out the roof works to enable me to submit on their behalf this request for a guarantee to be issued, and on behalf of the afore mentioned company their agreement that all obligations beholden of the company in respect to their responsibilities under the terms and conditions of the guarantee will be honoured in full, including in the situation of any roof failure occurring as a result due to defective workmanship where the property is covered by a guarantee will be restored to a watertight condition at their expense without undue delay.

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Full Name: Signature: Date:

RETURN COMPLETED FORM within **one (1) month** of completion of roofing works TO: -
EDS Roofing Supplies (Midlands) Limited, Unit 3 Bilton Way, Lutterworth, Leicestershire, LE17 4JA
Fax: 01455 550116 Email: sales@eds-midlands.co.uk