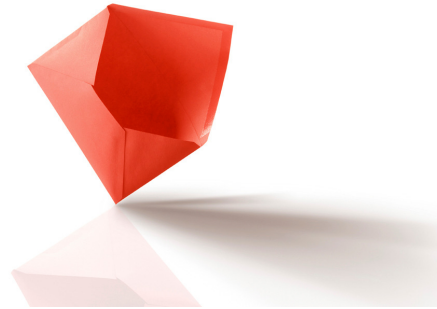
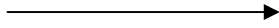


WARRANTY ACTIVATION RETURN FORM



TO INITIATE YOUR WARRANTY PLEASE COMPLETE THIS FORM 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 has read and understood the information contained in the Granitgard Warranty and wish to activate my Granitgard Warranty:

Date:

WARRANTY CERTIFICATE #.....

Name (Home Owner):

Address where System is installed:

.....
.....

Phone: (.....).....

Email:

Signed by the Home Owner:

Return to:

GRANITGARD PTY LTD
Warranty Activation Form
PO Box 1537
Oxenford QLD 4210