

# REQUEST FOR SERVICE REPAIR

REF: QCALL-02

Office use only


 Management System  
 ISO 9001:2015  
 www.tuv.com  
 ID 9105079826


Date of Request: _____	Silicon Rep: _____
Date Recorded at Silicon: _____	SR Number: _____

Complete and return by Facsimile to (011) 474-3407 or email to [martin.r@silicon-online.co.za](mailto:martin.r@silicon-online.co.za), \* indicates vital required information.  
 NOTE: Failure to not fill the form in as indicated by \*, may lead to delay the repair of the equipment or extra may be charged.

Attention: The Production Manager. If this form is not completed correctly it will be sent back to the customer for further details.  
 To view the procedure of the Silicon's Service Repair and to get a copy of this document for future use, visit <http://www.silicon-online.co.za>

Name of Customer *:	_____	Company Billing Address *:	_____
Company Name *:	_____		_____
Site Name:	_____		_____
Company V.A.T Number:	_____		_____
Contact Person at site *:	_____	Contact Cell Number *:	_____
Contact telephone number *:	_____	Contact Tel Number *:	_____
		Contact Fax number:	_____
Email Address:	_____		
Site Address *:	_____		
	_____		
	_____		

**A. Charger Description: Charger Manufacturer:** \_\_\_\_\_  
 (Select only one value per row)

<b>Input Voltage setting*:</b>	110VAC 1-Phase	230VAC 1-Phase	380VAC 1-Phase	380VAC 3-Phase	525VAC 3-Phase	Other:	vac						
<b>Output Voltage*:</b>	24VDC	28VDC	30VDC	36VDC	48VDC	60VDC	110VDC	220VDC	Other:	VDC			
<b>Rated Current Output*:</b>	3A	5A	10A	15A	20A	25A	30A	35A	40A	50A	100A	Other:	Amps

**Details from Charger Rating Plate \*:**

Serial Number (JXXX/XX): _____	Model Number (DXXX): _____	Date of Manufacture (MM/YYYY): _____
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**B.. Batteries:**

Manufacturer Name of Batteries connected to charger: \_\_\_\_\_

Battery Model N°: \_\_\_\_\_

Battery Amp Hour Rating: \_\_\_\_\_ Ah @ \_\_\_\_\_ °C  
 (Select only one value. Click on tag to show picture of battery type.)

<b>Type of Batteries *:</b>	Vented Lead Acid	Sealed Lead Acid	Plante	Other: _____
	Vented NiCad	Sealed NiCad		

Warranty Claim? : YES NO (Please select one)

If Yes, Original Silicon Engineering Invoice Number: \_\_\_\_\_ Date of the Invoice: \_\_\_\_\_

If No, Customer's Order Number is \* : \_\_\_\_\_ Dated: \_\_\_\_\_ (Please attach)

Description of fault \* : \_\_\_\_\_

WE DO HEREBY ACKNOWLEDGE THE TERMS AND CONDITIONS OF SALE SE-GCS-2002-1 WHICH IS AVAILABLE ON REQUEST.

Name of Person responsible for payment of this order \* : \_\_\_\_\_ (please print)

Signed \* : \_\_\_\_\_ Dated \* : \_\_\_\_\_

