

REQUEST FOR SIKA WARRANTY

BUILDING TRUST



INSTRUCTIONS

Please fill out the form below and send via email to kamphuis.lisa@nz.sika.com. For assistance please phone Lisa on (09) 820 2900 ext 436.

SIKA OFFICE USE ONLY: SW

Project Name:

Project Address:

Name of installer / applicator, or Sika Approved Contractor:

Client (who the warranty will be made out to).

Sika Product's Used

(Including Sika primers, Sika PEF Rod, and other accessories, etc.)

Proof of Purchase

1. *Sika account holders:* please provide Sika invoice numbers.
2. *If purchased through a merchant* (e.g. Carters), please attach proof of purchase.

Installation Start Date

Installation Completion Date:

Details of where the product was installed:

Please refer to specific building consent details/plans, or describe the particular area of application e.g. left interior wall of basement, bonding of acrylic shower wall linings to Gib, etc

Area: m² or lineal metres

(of each Sika product used)

Sika Specification Ref:

(Write "N/A" if not applicable)

- Copy of Sika specification attached (cross out if not applicable)? Yes / No
- Quality Assurance Programme completed (*Documents available to view on request from Sika (NZ) Ltd or Client?*) Yes / No
- Project completed to specification? Yes / No
- Client has approved and signed off application? Yes / No

**SIGNED BY
INSTALLER**

Product installed as per Product Data Sheet(s) and any Sika specification(s) provided.

Print Name)

(Signature)

On behalf of (contractor): _____

Date: ____/____/____