

## WORKSHOP DIVISION

### WARRANTY CLAIM FORM

THIS FORM **MUST** BE COMPLETED BEFORE A WARRANTY CLAIM IS PROCESSED

CUSTOMER NAME		ADDRESS	
INVOICE NUMBER		UNIT NUMBER	
DATE IN SERVICE	DATE OF FAILURE	MILEAGE/HOURS	
<b><u>APPLICATION</u></b>			
MAKE (FORD)		MODEL (MONDEO)	
CHASSIS NO.		REG NO.	
NATURE OF FAILURE			
FAULT CODES			

**PLEASE FAX BACK TO 01772 314565**

Manufacturers part numbers are given for reference purposes only and do not imply that in all cases the parts are of their manufacture. Illustrations and Technical Data are non-binding and are subject to change as a result of technological progress.

DATA REF: MDS-WS WCF 0112

