

Ordering service action

PRODUCT		CUSTOMER	
Product		Name	
Serial number (14 digits)		Address	
Installation date		Postal address	
Modular home manufacturer, where relevant	Item no. where relevant	Tel. (Daytime)	Mobile no.
INSTALLER		REPORTED FAULT	
Name			
Address			
Postal address			
Tel.			
Fax			
Installer contact person			
DETAILS PROVIDED BY		RECTIFIED BY (IF THIS INFORMATION IS MISSING, THE SERVICE ORDER SHOULD BE SENT TO NIBE'S SERVICE REPRESENTATIVE)	
This form is being submitted by <input type="checkbox"/> Service representative <input type="checkbox"/> Field sales nibe/signature _____ <input type="checkbox"/> Installer <input type="checkbox"/> Someone else, name required: _____		<input type="checkbox"/> Service representative <input type="checkbox"/> Installer <input type="checkbox"/> Someone else (specify details below) Name _____ Address _____ Postal address _____	
Contact person	Date		
MATERIAL THAT SHOULD BE SENT TO THE ABOVE DESIGNATED REPAIR FACILITY			
Part no.	Name		
Part no.	Name		
Part no.	Name		

All details must be completed otherwise your complaint will not be processed!

CUSTOMER SUPPORT
Tel. 0330 311 2201

Completed service orders should be sent to NIBE Energy Systems limited:

NIBE Energy Systems Limited
Unit 3C, Broom Business Park,
Bridge Way, Chesterfield, S41 9QG