

Personal deta		send to via e-m	iaii (<u>vvarr</u>	anty(a)	<u>aurans.ng</u>	<u>nting</u>)			
Name*			Phone						
Surname*			Fax						
Branch*	□ Stockist	□ Pla	anner	□ Architect					
	☐ Interior Decorator		□ Electrician			□ Agent			
	□ Publik B	□ Publik Body		□ Electricity board			□ Enterprise		
	□ Owner	□ Owner		□ Other:					
Business*									
E-mail*									
You are responsible for the technical maintenance of lighting systems? * ☐ Yes ☐ No Project information									
Project name	e / Building ID								
Street*			Civic n°*						
Postal code*									
City*									
Country*									

pag. 1 of 2





List of AURALIS fixture branded: Penta /Castaldi Lighting/Arredoluce installed in the project

Article		Description	Quantity			
DDT date of purchase *						
N. DDT of purchase *						
N.B. The DDT purchase reference must be only one emitted by Penta/Castaldi Lighting / Arredoluce. Unlike the extended warranty it can not be accepted.						
☐ Agree to the terms of the guarantee and the declaration of data protection by AURALIS.						
The data marked with an asterisk (*) are required. Your information will be treated in strict confidence and will be stored solely for the purpose of processing your request.						
Date						

pag. 2 of 2



Signature