

# AquaLusso Installation/Warranty Certificate

This form **MUST** be completed fully by the plumber/bathroom fitter and electrician (if required) in order to validate the warranty. **This certificate will need to be supplied in the event of a request for parts under the warranty.** You may FAX a copy of the completed form to us on: 01423 541 021 or scan and email it to us at: support@aqualusso.co.uk, alternatively, post a fully completed COPY to the address at the bottom of this sheet. **PLEASE KEEP A COPY FOR YOUR RECORDS.**

No. \_\_\_\_\_

Our products are not designed for D.I.Y. installation. You are required to have your unit fitted by a professional plumber/bathroom installer fitter and any electrical work may also require a Part P certified electrician. Failure to ensure the unit is fitted by a qualified professional, may invalidate your Warranty.

**PLEASE ENSURE THIS CERTIFICATE IS COMPLETED AND RETAINED FOR FUTURE USE.**

## CUSTOMER DETAILS

Title: (Mr, Mrs, etc) \_\_\_\_\_ County: \_\_\_\_\_  
Name: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Address: \_\_\_\_\_ Contact Tel: \_\_\_\_\_  
Town/City: \_\_\_\_\_ Invoice No: \_\_\_\_\_

## UNIT DETAILS

Model Number: \_\_\_\_\_ Purchase Date (from invoice): \_\_\_\_\_  
*(Displayed on manual/instructions and on the Invoice)*  
Control Panel Model No: \_\_\_\_\_ Date of Commissioning: \_\_\_\_\_  
*(Please indicate any numbers or name/code printed on the control pad)*

## DETAILS OF INSTALLATION

Water supply Type:  Combi  Megaflow or Pressurised  Pumped  Gravity Fed Other: \_\_\_\_\_  
Cold Water Pressure (BAR or LPM): \_\_\_\_\_ Hot Water Pressure (BAR or LPM): \_\_\_\_\_  
Pressure Equalising valve fitted:  YES  NO Type of Valve fitted: \_\_\_\_\_  
Details of Pressure Testing/ Flow Rate Equipment used: \_\_\_\_\_  
\_\_\_\_\_

## PLUMBING INSTALLATION

*(To be completed by your plumbing professional)*

Installer Name: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Contact Tel: \_\_\_\_\_  
Address: \_\_\_\_\_ Company Credentials/Certificates Held: \_\_\_\_\_  
Town/City: \_\_\_\_\_ Signed: \_\_\_\_\_  
County: \_\_\_\_\_ Date: \_\_\_\_\_

## ELECTRICAL INSTALLATION

*(To be completed by your electrical professional)*

Electrical Termination Carried out by: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Contact Tel: \_\_\_\_\_  
Address: \_\_\_\_\_ Part P Registration No: \_\_\_\_\_  
Town/City: \_\_\_\_\_ Signed: \_\_\_\_\_  
County: \_\_\_\_\_ Date: \_\_\_\_\_