To assist in handling the complaint swiftly we request that this form be fully completed by the User and Trader. We request that separate items be entered on separate forms. (But a tyre tube/flap used together should be entered on one form).

THIS PART TO BE COMPLETED BY THE TRADER			L
NAME AND FULL ADDRESS OF TRADER (Block Letters)	NAME AND FULL ADDRESS OF SUB TRADER (Block Letters)		
POST CODE	POST CODE		
Trader's Signature Date	Sub Trader's Signature Date		
Trader's Reference	Sub Trader's Reference		
To(Insert Manufacturer's Name)		Drivers Signature	Date
Please arrange for the undermentioned tyre/tube to be examined. I/We have manufacturer for examination on the terms set out in this form. Results of examined in the terms of	•		•
THIS PART TO BE COMPLETED BY THE USER			
DETAILS OF TYRE - TUBED/TUBELESS - AND/OR TUBE - AND/OR FLAP		DETAILS OF VEHICLE	
SIZE/ LOAD/SPEED TYPEINDEX		REG NO	MAKE
SERIAL NO DATE FITTED			YEAR
POSITION FITTED	UALITY (DA)	USAGE	
DESCRIPTION			
OF COMPLIANTCONDITIONS OF	EXAMINATIO	 N	
1. You may cut the tyre/tube if you consider it necessary for your examination. 2. You may scrap the tyre/tube if an allowance is granted 3. If an allowance is not made the tyre/tube may either be returned to the Trader from who of it unless within 28 days of the date of the examination report I/we have notified the main the latter event, there may be a charge to cover the cost of the carriage. 4. Any Concession will be of a commercial nature only and will not constitute any admission.  These conditions do not a	anufacturer in writ	ing that I/we require the tyre/tube r imply a fault in the tyre/tube.	
NAME AND FULL ADDRESS OF USER (Block Letters)	I/We certify	that the tyre/tube of which details	s are given above is my/our
TITLE Mr/Mrs/Ms	property and was fitted to my/our vehicle of which details are also given above. I/We consider that the tyre/tube has not given satisfactory service while on my/our vehicle and request you to arrange for examination by the manufacturer. I/We declare the above details are correct to the best of my/our knowledge.  I/We have read and agree to the conditions of examination given above.		
POST CODE	User's Signature		Date

Office use only

DAYTIME TELEPHONE No