



SR No:.....

**GUNAC APPLICATOR REQUEST FOR:  
PRODUCT PERFORMANCE WARRANTY**

**APPLICANT NAME:**.....

**APPLICATOR FIRM NAME:**.....

Having completed the application of those materials and systems listed on the reverse side hereof request that a Product Performance Warranty be issued to our client and entered into the register.

**CLIENT NAME:**.....

**CLIENT'S ADDRESS:**.....

Type of Building  
(Tick)>

Residential:

Commercial:

Industrial:

Other:

If commercial/industrial supply details:-

**NAME OF BUILDING/COMPLEX:**.....

**ADDRESS:**.....

**CONSTRUCTION COMPANY NAME:**.....

**ARCHITECT:** ..... **ENGINEER:**.....

**COMPLETION DATE:** ..... **WARRANTY PERIOD:**.....

**PRODUCT/PROCESSES**

So that Hitchins NZ Limited can process your request and compile Section A, please provide us with an overview on the work you carried out. If space is insufficient, give additional information on separate paper and attach.

**SUBSTRATE TYPE:**.....

**APPLIED OR INSTALLED TO (tick and or advise number of if more than one)**

Roof

Deck

Walls

Floor

Other state

**PRODUCT/PROCESSES** (Full details please)

.....  
.....  
.....  
.....

..... **AREA – M<sup>2</sup> =** .....

**FINISH (Give full details)**.....

**NOTE:** If deck is to be tiled over, advise and provide full details of the total system and complete quality control form by all parties involved.

**PRODUCT/PROCESS WARRANTY**

This application is to cover only one product process or system. If there are multi product systems to various surfaces, fill out additional application forms providing the information required. So as to not have to fill-in same project details, staple the additional forms together.

<b>QUALITY CONTROL IMPLEMENTED</b>		<b>TICK</b>
1)	Supporting structures and substrate checked, accepted as satisfactory.	
2)	Substrate prepared, cleaned, repaired and sealed/primed.	
3)	Application in accordance with Hitchins' recommendations, project documents and Sound trade practises	
4)	Application work supervised and inspected at completion.	
5)	Maintenance work if any required, carried out.	
6)	Satisfied that the completed work is up to a high standard.	
7)	Has the Quality Control form been completed/submitted?	
8)	Is there a main contractor project warranty?	
9)	Are you providing a workmanship warranty?	
10)	If so, for what period .....	
11)	Has the project been inspected by Hitchins' Technical Representative?	
12)	If so, name of ..... Date.....	

**Quality Control Schedule**  
 There are three in existence and you are advised to use and complete these forms. When tiling over a Hitchins supplied membrane, the Quality Control Schedule for that process must be completed.

**FULL DETAILS OF HITCHINS' PRODUCTS USED**  
 To be filled in by new Applicators (not necessary for approved established Applicators). Inspection may be required for new Applicators until we are satisfied on Quality level.

<b>No of</b>	<b>Size</b>	<b>Product Name and Description</b>

In support of our application, we advise that all materials used and covered under Warranty were supplied by Hitchins New Zealand Limited. Further, in consideration of your issuing the Product Performance Warranty to the benefit of our client, we warrant and declare that all materials, processes and application procedures have been applied and carried out by us in accordance with the above contract documentation, Hitchins New Zealand Limited application procedures, technical literature and recommendations. Further, we hereby indemnify and agree to keep indemnified Hitchins New Zealand Limited against all liability incurred by them to our client as a result of the issue of the Product Performance Warranty for materials supplied and applied by us that become faulty due to incorrect application procedures. Finally, in the absence of issuing a separate application warranty, we accept that in signing Hitchins' Product Performance Warranty, we are jointly issuing a performance and application warranty

**SIGNATURE OF APPLICATOR**.....  
**HITCHINS NEW ZEALAND LIMITED**  
**DATE RECEIVED**:..... **APPROVED BY**.....  
**DATE APPROVED**:..... **PRODUCT WARRANTY NUMBER** .....