

Claim Form



1. Client Information

Surname Name
Tel. Email

Date

2. Product description

Product type Serial number

Purchase date / / 20..... Error date / / 20.....

Invoice number

3. System description (photos of the system and defective product must be attached)

Photovoltaics	Type....., Pieces, Fuses, (A) Vmp(V), Voc(V), Ioxúç(W), Imp(A), Isc(A) Connection(in series / parallel) Cable length to charge controller or to inverter(m) , Cable thickness(mm ²)
Batteries	Type, Pieces, Voltage(V), Capacity(Ah) Connection(in series / parallel)
Inverter	Type, Power(W), Voltage(V), Fuses, (A) Cable length to batteries(m) , Cable thickness(mm ²)
Charge Controller	Type, Batteries Voltage(V), DC Fuses, (A) Photovoltaics Voltage(V), DC Fuses, (A), Cable length to batteries(m) , Cable thickness(mm ²) Charge Controller DC Loads: Power(W), Hours of operation.....(hours) Power(W), Hours of operation.....(hours)
Wind Generator	Type, Power(W), Voltage(V), DC Fuses, (A) Cable length(m) , Cable thickness(mm ²)
Charger AC-DC	Type, Power(W), Voltage(V), DC Fuses, (A) Cable length to batteries(m) , Cable thickness(mm ²)
Generator	Type, Power(W), Voltage(V), Fuses, (A)

Data - Measurements

PV Voltage(V), Batteries Voltage(V), AC Loads Power(W)

Failure Description:.....
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Reception Date	Contact Person	Task Number	Claim Number
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Note: In order to provide you a better and faster service, please describe the failure in detail, and send us photos of your system via e-mail to service@ecosun.gr. Thank you for your cooperation!