

	Regeneration Form		Form no QF-32	
			Issue date	18.07.2013
Complainer (full address):		Regeneration no <i>(to be completed by manufacturer)</i>		Receiving date <i>(to be completed by manufacturer)</i>
Contact person:	Tax Identification Number	tel.:	fax:	e-mail:

Product name	Size <i>(b x s x t)</i>	Length	u.m. <i>(unit./rm)</i>	Scope of regeneration <i>(number of teeth; minimal length and width; crown)</i>

In case of stellit tipping or swaging we should be informed about number of teeth and their location.

Please pass the minimal length and width.

In case of adjusting we should be informed about distance of crown from the gullet and high of crown.

The saw delivered to regeneration should be cleared otherwise the contracting person is obligated to bear costs of clearing.

ATTENTION:

- *Regeneration will be not realised in case of incorrectly filled out form.*
- *Ro-Ma Zakłady Co Ltd does not take responsibility for regeneration products of other manufacturers.*
- *If product is not qualified to regeneration it should be collected within 30 days, after this time product is scrapped.*

Date of execution
to be completed by manufacturer

.....
Customer's signature
(acceptance of regeneration terms)

REGENERATION SERVICE

(to be completed by manufacturer)

Name of service	Executed services unit (pc. / m/ cm / dcm ² / number of teeth / number of saws)	REMARKS	Signature
Clearing of saw			
Welding			
Adjusting			
Swaging			
Stelliting			
Teeth cutting			
Sharpening			
Fitting of gang saws			
Setting			

.....

Date:

Signature:.....