

Guarantee terms and conditions:**Guarantee level 3b "XT T8"**

The 5-year OSRAM System⁺ Guarantee (lamp + ECG) applies to the following conjunctions operated according to the regarding OSRAM requirements and IEC standards:

- Electronic control gears QUICKTRONIC QTP8 1x36/230-240, QTP8 2x36/230-240 or QTi 1x14/24/21/39/220-240, QTi 2x14/24/21/39/220-240 and fluorescent lamps OSRAM XT 36 W-LUMILUX (light colors 830, 840 and 865)
- Electronic control gears QUICKTRONIC QTP8 1x58/230-240, QTP8 2x58/230-240 or QTi 1x28/54/220-240, QTi 2x28/54/220-240 and fluorescent lamps OSRAM XT 58 W-LUMILUX (light colors 830, 840 and 865)

Annual operating time of no more than **4,000** lighting hours, with maximal 3 switchings per day.

The 5-year guarantee (lamp + ECG from OSRAM) applies only to lighting applications with no less than 500 luminaires.

In case of a defect within the guarantee period, OSRAM will refund the ECGs and/or the lamps free of charge, which have failed demonstrably due to material- or manufacturing defects. Alternatively, a credit note can be produced. OSRAM reserves the right to decide about the eligibility of the claim under guarantee.

A return of the failed ECGs and lamps, to the registration address (including a copy of the approved registration itself), is required for fault analysis.

General conditions

Guarantee level 3b requires a registration of the initial operation.

The 5-year guarantee is valid only for the first installation of the above mentioned fluorescent lamps.

Statutory guarantee claims are not affected by this guarantee and shall apply independent from it and in parallel.

Guarantee claims will be handled by the local OSRAM office in the relevant country.

Application form for the 5-year guarantee (XT T8)

For QUICKTRONIC in conjunction with fluorescent lamps OSRAM XT T8

Registration of the OSRAM system* guarantee					
Company:			Title:		
Name:			Surname:		
Street :			Postal-/zip code:		
City:			Country:		
E-mail:			Telephone:		
Information about the lighting installation					
Name of the lighting installation:			Contact:		
Street:			Telephone/Fax:		
Postal-/zip code:			City:		
E-mail:					
Manufacturer of luminaire:			Address:		
Type of luminaire (exact description):					
Commissioning date of lighting installation:					
Operating days per year:			Operating hours per days:		
Number of lamp starts per day:			Outdoor lighting:		
Particulars of the application					
Order reference of the ECG	Code of identity and manufacturer	Number of ECGs installed	Order reference of the lamp	Code of identity and manufacturer	Number of lamps installed
Department/Name:		Date:	Your signature for verification:		

Please complete and return to
 OSRAM GmbH
 Dept. TCS S-A
 Steinerne Furt 62
 D-86167 Augsburg

or fax to:
 OSRAM GmbH Augsburg
 Dept. TCS S-A
 +49 (0) 821 7407 496

