

## Warranty Card

To make a fault claim, please fully read and clarify warranty terms in advance. Then ask onsite engineer to fill the information required in this card, sign and send back to Growatt or its authorized distributor.

1. Distributor name: \_\_\_\_\_
2. Battery system location: \_\_\_\_\_
3. Battery serial number: \_\_\_\_\_
4. Date of fault happened: \_\_\_\_\_
5. Fault description: \_\_\_\_\_  
☐ Cannot be turned on      ☐ No communication      ☐ Cannot be charged  
☐ Cannot discharge      ☐ ALM on      ☐ Others
6. Inverter brand and model: \_\_\_\_\_
7. Real-time battery information shown on inverter or inverter monitor system APP:  
Voltage: \_\_\_\_\_V; Current: \_\_\_\_\_A; SOC: \_\_\_\_\_%; Temperature: \_\_\_\_\_°C
8. How long has the system been used?  
☐ Dead on arrival  
☐ Under 6 months      ☐ 6 months to 1 year      ☐ 1 year to 3 years  
☐ More than 3 years
9. When did the fault happen?  
☐ Morning      ☐ Afternoon      ☐ Nightfall  
☐ Midnight      ☐ Other time
10. How often did the fault happen?  
☐ Once or twice      ☐ Three times or more      ☐ Every day  
☐ Other
11. If the customer can see the battery, please check the LED light status:

	RUN (Blue or Green)	ALM (Red)	SOC lights (Blue or Green)			
On	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flickering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Battery power terminal voltage measured by multi-meter:
13. Please attach all necessary photos or videos, for instance, battery SN label and LED light as evidence to the fault claim.

Please attach all the information required above and send back to Growatt or the authorized distributor. Fail to submit any required information may lead to a lack of information to process the claim.

Service Manager: \_\_\_\_\_ Date: \_\_\_\_\_

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