

Professional Repairer Request

Please fill out the form below, ensuring all mandatory fields marked with * are filled out. Once you have completed this form, please save it and email it as an attachment to mks-productadvice@bshg.com with the subject line "Professional Repairer Request". Please also attach to this email your **Part P Certificate** and your **Public Liability Certificate** in order for our customer service team to carry out our eligibility checks. Once we have received your form and certificates, we will endeavor to get the relevant information and documents to you within 1 working day.

FIRST NAME*

LAST NAME*

COMPANY*

ADDRESS LINE 1*

ADDRESS LINE 2

TOWN / CITY*

POSTCODE*

TELEPHONE NUMBER

EMAIL ADDRESS*

COMPANY REGISTRATION NUMBER

APPLIANCE MODEL NUMBER (E-Nr)*

APPLIANCE FD NUMBER*

SELECT INFORMATION TYPE*

ADDITIONAL INFORMATION:

By applying for access rights and ticking the box below, you accept that the information and documents provided to you are solely intended for professionals for maintenance and disassembly purposes. You shall therefore ensure that the information and documents provided are solely used by professionals who are duly qualified as such according to the local laws, regulations and standards for the maintenance and disassembly of electrical appliances. The distribution, duplication, publication, sale or any other use of the information and documents provided, is not permitted.

I AGREE TO THE ABOVE TERMS*