***Protocol of Acceptance of Faults and Defects repaired***

***within the Warranty Period (PAFD)***

***Zawiercie, date: ……..***

1. **PURCHASER - CMC POLAND SP. Z O.O.:**

|  |  |
| --- | --- |
| Name | Position |
| 1. | ……………………. | ……………………….. |
| 2. | …………………… | ………………………. |

 **CONTRACTOR - …………………………………………………………………………**

|  |  |
| --- | --- |
| Name | Position |
| 1. | …………………… | ……………………….. |
| 2 | ………………………. | ……………………………. |

1. **Evaluation of fault / defect removal / repair status**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | The scope of identified faults /defects | Date of fault / defect report  | Agreed date of fault / defect repair | Remarks |
| **1.** |  |  |  |  |
| **2.**  |  |  |  |  |

1. **Approval of defect / fault repair / removal**

  Approved with no objections/reservations to the fault /defect / removal / repair

  Not approved due to the following objections / reservations

|  |  |  |
| --- | --- | --- |
| No. | **Identified objections / reservations** | **Date of removal\*** |
| 1. |  |  |
| 2. |  |  |
| 3.  |  |  |

\* does not mean that a different PAFD date is agreed than that specified in the Contract/Order

1. **SETTLEMENT of payment for repair / removal of the fault / defect to the subject of the Order /Contract**

  Repair under the warranty with no costs for CMC

  Repair not covered by the warranty; the scope of repair: ………………………………………,

 Value of the repair: ……………………………………………………………………………

|  |  |
| --- | --- |
| Purchaser:……………………………………….Signature of a person authorized by Purchaser | Contractor:……………………………………….Signature of a person authorized by Contractor |

Confirmation of the removal of the objections / reservations indicated in section III above made on …….. – FINAL ACCEPTANCE OF REMOVED / REPAIRED FAULTS / DEFECTS

|  |  |  |
| --- | --- | --- |
| No. | **Removal /repair of identified objections/reservations** | **Performed on (date)** |
| 1. |  |  |
| 2. |  |  |
| 3.  |  |  |

|  |  |
| --- | --- |
| Purchaser:……………………………………….Signature of a person authorized by Purchaser | Contractor:……………………………………….Signature of a person authorized by Contractor |