

## CLAIM FORM - MOREL DIFFUSION

<u>Full references for the product</u> - Invoice no. - Invoice date - Item no. - Lot no. - Quantity of products received - Sowing date	
<u>Growing conditions</u> - Temperature recordings - Watering system - Fertiliser used (balance) - Substrate - Treatment products (phytosanitary and other) - Photos of symptoms from their beginning	
<u>Environment</u> - List of plants grown before or during the claim - Origin of these plants	
<u>Analysis</u> - Morel Diffusion information on results of analysis carried out - Sending of samples to Morel Diffusion in order for Morel Diffusion to carry out comparative analysis	
List of customers delivered with item in question	
The customer undertakes to inform Morel Diffusion of any other information that helps understand the problem.	

Date of the claim:

Name:

Company:

Position:

Signature:

Please fill out, sign and send back this form to:

Morel Diffusion SAS , 2565, rue de Montourey - 83600 Fréjus - FRANCE

TEL. +33 (0)4 94 19 73 04 Fax +33 (0)4 94 19 73 19

morel.diffusion@cyclamen.com