

COMPLAINT INQUIRY FORM TWO WHEELS & SPECIALTY TIRES

PLEASE FILL IN ALL BLANKS OF THE FORM.

Product type: TIRE TUBE MOUSSE

Brand name: MITAS MAXIMA OTHER

Distributor
(stamp)

Product description: _____

DISTRIBUTOR

Contact name: _____

Contact details: _____

RESELLER
if applicable

Invoice number: _____ Batch number: _____

Contact name: _____

Contact details: _____

END USER

Invoice number: _____ Batch number: _____

Contact name: _____

Contact details: _____

VEHICLE DATA

Vehicle brand: _____

Type / Model: _____

Model year: _____

Registration date: _____

TIRE DATA

Milage (km): _____

Inflation pressure (kPa): _____

Remaining trend depth (mm): _____

Fitting date: _____

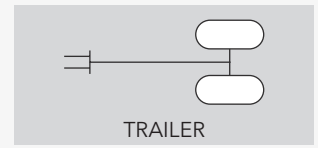
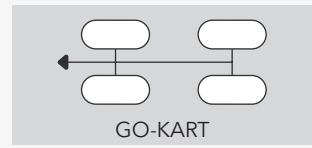
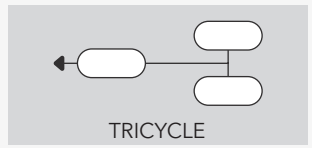
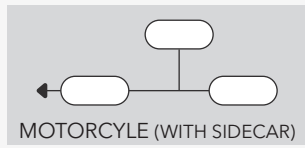
Operating conditions: ON-ROAD OFF-ROAD ON/OFF-ROAD RACING / TRACK USE

Failure description: _____
(please attach pictures)

DOT plant (05J or 6J or 16J or H3 or 1H3)

DOT date (WWYY)

Position of tyre on vehicle:



Please send the completed form to ccs.moto@yokohama-tws.com. We will be pleased to answer any further questions that you may have.

Signature of the end user _____
Place, date of CIF completion _____
Customer's signature