

**For Official Use Only**

Case Number \_\_\_\_\_

Date Received \_\_\_\_\_

# Case Registration Form 2023

**PLAINTIFF SECTION:** \_\_\_\_\_

Company Name \*

Address: \*

Tel No \*

Contact Name \*

Contact Email \*

**NAMED PARTY:** \_\_\_\_\_

Company Name \*

Address: \*

Tel No \*

**PRODUCT:** \_\_\_\_\_

Brand \*

Item \*

Batch No \*

Where purchased? \*

Alleged non compliance \*

*Please provide any additional background information of the alleged non-compliance (use a separate sheet where necessary) and ensure that all issues of non-compliance are highlighted, also please provide a picture of the product to ensure the correct lubricant is identified and, if necessary, tested. Fields marked with an asterix (\*) are compulsory.*



To pay by credit card  
please tick this box

Signature \*

Date \*