

# OCEANIC® LIFE-TIME WARRANTY REGISTRATION

Oceanic (SW) Ltd, Pelagic House, Dunkeswell, Honiton Devon EX14 4RB  
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Please complete all relevant sections of this form in **BLOCK CAPITALS**

Title:	<input type="text"/>	Forename:	<input type="text"/>	Surname:	<input type="text"/>
House No. / Name:	<input type="text"/>	Road:	<input type="text"/>		
Town:	<input type="text"/>	County:	<input type="text"/>		
PostCode:	<input type="text"/>	Tel:	<input type="text"/>	E-Mail:	<input type="text"/>
Store:	<input type="text"/>	Sales Person	<input type="text"/>	Date	<input type="text"/>
<b>Regulator 2nd Stage</b>	Delta <input type="checkbox"/>	Alpha <input type="checkbox"/>	GT3 <input type="checkbox"/>	EOS <input type="checkbox"/>	<input type="checkbox"/>
Serial No.	<input type="text"/>	Colour	<input type="text"/>	Purchase Price	<input type="text"/>
<b>Regulator 1st Stage</b>	FDx10 <input type="checkbox"/>	DX4 <input type="checkbox"/>	CDx5 <input type="checkbox"/>	SP5 <input type="checkbox"/>	PX2 <input type="checkbox"/>
Oxygen	<input type="checkbox"/>				
Serial No.	<input type="text"/>	Colour	<input type="text"/>	Purchase Price	<input type="text"/>
<b>Regulator Octopus</b>	Delta <input type="checkbox"/>	Alpha <input type="checkbox"/>	180 Swivel <input type="checkbox"/>	<input type="checkbox"/>	
Serial No.	<input type="text"/>	Colour	<input type="text"/>	Purchase Price	<input type="text"/>
<b>BCs</b>	Wolf <input type="checkbox"/>	Probe <input type="checkbox"/>	Reefpro <input type="checkbox"/>	Islander <input type="checkbox"/>	OC Fx <input type="checkbox"/>
Hera <input type="checkbox"/>	Cruz <input type="checkbox"/>				
Serial No.	<input type="text"/>	Colour	<input type="text"/>	Purchase Price	<input type="text"/>
<b>Computer</b>	Atom <input type="checkbox"/>	VT3 <input type="checkbox"/>	ProPlus <input type="checkbox"/>	Veo250 <input type="checkbox"/>	Veo 180 <input type="checkbox"/>
Veo100 <input type="checkbox"/>	DataMask <input type="checkbox"/>	Geo <input type="checkbox"/>			
Serial No.	<input type="text"/>	Colour	<input type="text"/>	Purchase Price	<input type="text"/>
<b>Instrumentation:</b>	Wrist Depth Gauge <input type="checkbox"/>	Pressure Gauge <input type="checkbox"/>	Compass <input type="checkbox"/>		
Swivel Navcon (3 Gauge) <input type="checkbox"/>	Double Combi (2 Gauge) <input type="checkbox"/>	Pressure / Compass Combi <input type="checkbox"/>			
			Purchase Price	<input type="text"/>	
<b>Any Other Product</b>	Type <input type="text"/>	Model	<input type="text"/>		
Serial No.	<input type="text"/>	Colour	<input type="text"/>	Purchase Price	<input type="text"/>

Please ensure that you complete all relevant parts of the form - Just ask your Dealer for any assistance required  
 Please take the time to read the Terms & Conditions of the Life-Time Warranty Programme

Once completed, this form should be returned to Oceanic (SW) Ltd at the above address

**In order to register your product, an original official receipt detailing the products must be attached**

**THANK YOU FOR BUYING OCEANIC®**  
*Looking After You For Life*