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| **NAME AND ADDRESS OF SUPPLIER (APPLICANT FOR REGISTRATION):** | | | | |  | | | | | | |
| **CONTACT PERSON NAME, TELEPHONE, E-MAIL ADDRESS:** | | | | |  | | | | | | |
| **S/N** | **MANUFACTURER OF THE SYSTEM** | **BRAND NAME** | **SWHS MODEL** | **TYPE (THERMOSIPHON, FORCED CIRCULATION, ETC)** | **ELECTRICAL BACKUP? (Y/N)** | **COLLECTOR MODEL** | **COLLECTOR MANUFACTURER** | **TANK MANUFACTURER** | **CONTROL SYSTEM MANUFACTURER** | **OTHER COMPONENTS MANUFACTURER** | **SPECIFY ANY CERTIFICATION, (Ex. DCL, SOLAR KEYMARK)** |
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