

# **TECHNICAL ASSISTANCE REQUEST**

Filling in of the following fields is **mandatory** to process the technical assistance request.

| REASON                                       | OF THE REQUEST*                    | KIND OF DEVICE* |               |                |                     |  |
|--|------------------------------------|-----------------|---------------|----------------|---------------------|--|
| ☐ PREVENTIVE MAINTE                          | ENANCE                             |                 |               |                |                     |  |
| ☐ CORRECTIVE MAINT                           | ENANCE (total or partial downtime) |                 |               |                |                     |  |
| ☐ COLD COMMISSION                            | NG                                 |                 |               |                |                     |  |
| ☐ HOT COMMISSIONIN                           | G                                  |                 |               |                |                     |  |
| ☐ OTHER (specify)                            |                                    |                 |               |                |                     |  |
|  |                                    | TYPE OF DE      | OUECT:        |                |                     |  |
|  |                                    | TYPE OF RE      |               | EDVENTION.     |                     |  |
| L REWOTE ASSISTANC                           | CE SERVICE (HELP DESK)             |                 | ☐ ON-SITE INT | ERVENTION      |                     |  |
|  | COMPANY THAT REQU                  | JIRES THE TECH  | INICAL ASSIST | ANCE (CUSTOME  | ER)*                |  |
| Reseller **                                  |                                    |                 |               |                |                     |  |
| Company                                      |                                    |                 |               |                |                     |  |
| Name and Surname                             |                                    |                 |               |                |                     |  |
| Address                                      |                                    |                 | N°            |                |                     |  |
| City   |                                    |                 | Post code     |                | Province /<br>State |  |
| Telephone                                    |                                    |                 | Mobile        |                |                     |  |
| E-MAIL                                       |                                    |                 |               |                |                     |  |
| VAT No / Tax Number /<br>Registration Number |                                    |                 |               |                |                     |  |
| No. of Service Contract (if any)             |                                    |                 |               |                |                     |  |
|  | DATA OF SITE OR I                  | EACILITY WHERE  | E THE PRODUC  | T IS INSTALLED |                     |  |
| 0  | DATA OF ONE ON                     | AOILIT WILK     | - THE TRODUC  | TIO INOTALLED  |                     |  |
| Company                                      |                                    |                 |               |                |                     |  |
| Name and Surname                             |                                    |                 |               |                |                     |  |
| Address /GPS<br>Coordinates                  |                                    |                 |               |                | N°                  |  |
| City   |                                    |                 | Post code     |                | Province /<br>State |  |
| Telephone                                    |                                    |                 | Mobile        |                |                     |  |
| E-MAIL                                       |                                    |                 |               |                |                     |  |
| Commissioning Date                           |                                    |                 |               |                |                     |  |



| PERSON A  | PPOINTED E      | BY THE CUSTOM        | IER FOR THE SAFETY AN       | ID THE PROTE       | CTION OF THE HE       | EALTH (HSE          | E RESPONSIBLE)*            |
|---|-----------------|----------------------|-----------------------------|--------------------|-----------------------|---------------------|----------------------------|
| Name and Surname                                |                 |                      |                             |                    |                       |                     |                            |
| Telephone                                       |                 |                      |                             | Mobile             |                       |                     |                            |
| E-mail  |                 |                      |                             | <u> </u>           |                       |                     |                            |
| he following fields must b<br>geteam personnel. | e filled in cas | se it is necessary t | o send materials and/or spa | are parts to the i | nstallation site on t | the basis of i      | instructions received from |
|   |                 | ADDRESS F            | OR SENDING ANY MATER        | RIALS THAT MA      | AY BE NECESSAF        | RY                  |                            |
| Company   |                 |                      |                             |                    |                       |                     |                            |
| Name and Surname                                |                 |                      |                             |                    |                       |                     |                            |
| Address   |                 |                      |                             |                    |                       | N°                  |                            |
| City  |                 |                      |                             | Post code          |                       | Province /<br>State |                            |
| Telephone                                       |                 |                      |                             | Mobile             |                       |                     |                            |
|   |                 |                      | MATERIALCT                  | O DE CENT          |                       |                     |                            |
| CODE  |                 | QTY                  | MATERIALS TO DESCRIPTION    | O BE SENT          |                       |                     | NOTES                      |
|   |                 |                      |                             |                    |                       |                     |                            |
|   |                 |                      |                             |                    |                       |                     |                            |
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|   |                 |                      |                             |                    |                       |                     |                            |
|   |                 |                      |                             |                    |                       |                     |                            |



(\*) Mandatory information to be filled by the Client (full section).

(\*\*) This information should be filled in only if the product was not purchased directly from Ingeteam S.r.l. (in which case you must attach to the form the paid invoice/purchase receipt issued by the retailer to verify the validity of warranty terms).



The filling of the following fields is **mandatory** for the commencement of the request of technical assistance.

#### REQUEST OF TECHNICAL ASSISTANCE UNDER WARRANTY

Indicate the type of Rate requested for the technical intervention:

| □ TARIFFA FLAT RATE (¹)                        |      |  |
|--|------|--|
| ☐ INTERVENTION INCLUDED IN THE CONTRACT No (2) | o.c. |  |
| AL ASSISTANCE OUT OF WARRANTY                  |      |  |

#### REQUEST OF TECHNIC

Indicate the type of Rate requested for the technical intervention:

| □ HOURLY RATE (1)                              |      |  |
|--|------|--|
| □ FLAT RATE (¹)                                |      |  |
| ☐ INTERVENTION INCLUDED IN THE CONTRACT No (2) | o.c. |  |

- (1) A rate must be marked confirming awareness of what may be applied in the invoice for the activities carried out in accordance with the technical assistance rates in force at the time of the request.
- (2) Indicate the Order Confirmation or Contract number (C.O.) if the required service is already included and/or paid in previous or in force Agreements with INGETEAM. Any extra activities and/or working days/hours and related expenses due to causes not imputable to Ingeteam shall be charged to the Customer and invoiced in accordance with the technical assistance rates in force at time of the request.

Indicate the number of technicians required:

| NUMBER OF TECHNICIANS REQUIRED (3) |  |
|------------------------------------|--|
|                                    |  |

(3) Ingeteam personnel will provide indications of the number of technicians needed on the basis of the size and type of Photovoltaic system, the type of activity requested and the availability or otherwise of skilled operators nominated by the Customer.

Should there be no skilled operator nominated by the Customer, at least two (2) Ingeteam technicians will be necessary.

The Customers is fully responsible for the predisposition of the sites in accordance with local safety regulation along with the necessary measures to ensure safety and to protect the health of the staff employed. In particularly when a work or movement exposes any worker to a fall of 3 metres or more a fall arrest system must be installed on behalf of the Customer. Ingeteam personnel will only work in full compliance with these regulations.

The Customer confirms that he has received and understood the methods of the performance of the service.

The Customer also commit to take all the necessary actions to permit both access and work within the installation site of the plant in compliance with the safety regulations in force. If these safety regulations should not be fulfilled the Ingeteam technicians will not carry out the intervention and the days/hours and related expenses will be charged to the Customer.

All payments shall be honoured according to the terms and conditions agreed with Ingeteam S.r.I in case of already existing Agreement or in accordance with the terms and conditions established for the specific technical assistance requested.

| Date(dav | /) /(ma | onth) / | (vear) |
|----------|---------|---------|--------|

\*CUSTOMER's stamp and legible signature for acceptance



#### TECHNICAL ASSISTANCE GENERAL CONDITIONS

#### 1) TECHNICAL ASSISTANCE CONDITIONS

- a) Ingeteam will provide technical assistance on-site only after the reception of the fully filled and signed Technical Assistance Request form (Annex "L"). Ingeteam will use any means deemed necessary in order to reduce the response timing (unless differently agreed in a contract signed between the Parties, whereas specific timings are defined). In case of need of specific materials and/or spare parts not available in Client's stock/warehouse (whereas for the technical assistance are required materials and/or spare parts that the Client had the contractual obligation to keep stocked and maintain their quantities in in its warehouse or at-site) Ingeteam will send to the Client related offer for the refill of such materials and/or spare parts and the related delivery time, indicating moreover also the best possible date for the technical assistance. In any case the decision to perform the technical assistance on-site will be up to Ingeteam only and solely.
- In case of on-site technical assistance performed by Ingeteam qualified personnel, the Client must appoint a responsible person whom will have the duty to ensure the access on site in total safe condition for Ingeteam's technicians, without delays, up to the point of where the products are installed. The presence of the HSE responsible appointed by the Client will be mandatory requisite for the performance of the service by Ingeteam because, for the resolution of the issues highlighted, it may be necessary to perform further actions on other parts of the installation/site. Such HSE responsible has also the duty to ascertain the activities and the timings of Ingeteam's technicians.
  - In case the Client require 1 technician only from Ingeteam, the Client must ensure, mandatory, that another person provided by the Client will be present on-site for the whole time, and this person must be qualified as HSE expert, with First Aid assistance certification and qualified also for the electrical works in low voltage, with presence of voltage, and qualified for the works in medium voltage, without presence of voltage.
  - It is Client's responsibility that the site is compliant with the current regulations and laws referred to safety in work environment and in particular in case is required working at height (e.g. protected stairs, scaffold, platforms, etc) and of the anchorage systems (e.g. Life Line, Railings, etc.). Ingeteam personnel will operate only in the perfect compliancy and respect of the current legislation.
  - The missing compliancy on site or by the Client with the above conditions or the lack of the safety condition established by the law for the performance of the activity, at the unquestionable evaluation of Ingeteam technical staff, will allow Ingeteam personnel to leave the site and subsequently also Ingeteam to invoice to the Client the daily flat rate per each technician sent. Such amount is considered as reimbursement of the lost working day and for the management expenses sustained by Ingeteam.
- c) In case Ingeteam technician will find the product functioning without defect or in case the technician will detect a fault not due to reason not covered by the Warranty, the full cost of the technical intervention will be charged to the Client. The current version of the Warranty condition (Annex A+B) can be found at the following link: <a href="https://www.ingeteam.com/it/en-us/technicalsupportitaly.aspx">https://www.ingeteam.com/it/en-us/technicalsupportitaly.aspx</a>
- d) Costs not included in the technical assistance that falls under Warranty Condition:
  - Transfer costs of INGETEAM technicians (i.e. such as living expenses, hours/days of travel and labour on site, mileage cost, waiting time and related further additional expenses, overnight stay, airfares/other fares, car hire and related further additional expenses, customs fees, taxes, etc.) will be charged to the customer following the rates of technical assistance in force when the request took place.
  - The shipping costs to return the product and/or component to the Manufacturer's premises and the shipping costs from the manufacturer's premises to the delivery address of the Client shall be borne entirely by the Client.
  - The costs for uninstalling, handling and reinstalling the repaired or replaced product, including the disassembly or access to the same once installed, shall be borne by the Customer.
  - The costs for handling the product, necessary to perform the repair activities, e.g. in order to make accessible the rear side of the inverter, shall be borne by the Customer.
  - If not differently agreed in a previous contract signed between the Parties, it is Client's responsibility to call with proper advance Ingeteam's technician, before that the assistance is going to be performed, with the purpose to verify which equipment for the handling/movement of the product are needed in order to allow the technician to perform the intervention.

## INGETEAM TECHNICAL ASSISTANCE RATES

| HOURLY RATE |   |                              |  |  |  |  |  |
|-------------|---|------------------------------|--|--|--|--|--|
| CODE        | GENERAL CONDITIONS – CARRYING OUT OF SERVICES                         | RATES                        |  |  |  |  |  |
| 000216      | For all hours of operational service                                  | 100.00 EUR                   |  |  |  |  |  |
| 000217      | For all hours of travel and/or idle waiting                           | 77.00 EUR                    |  |  |  |  |  |
| 000218      | For all hours of overtime   | 117.00 EUR                   |  |  |  |  |  |
| 000219      | Transfer for each day away from headquarters on the Customer's behalf | 100.00 EUR                   |  |  |  |  |  |
| 000221      | Living expenses (lunch, dinner, lodging, etc.)                        | Expenses sheet or flat rate  |  |  |  |  |  |
| 001136      | Further expenses (Airfares/other fares, car hire, materials etc.)     | Expenses sheet or flat rate  |  |  |  |  |  |
| 000220      | Mileage (including motorway tolls)                                    | 0.85 EUR per Km or flat rate |  |  |  |  |  |

The transfer costs will be always referred to the nearest INGETEAM Service Centre with respect to the installation site, unless there is a need to intervene with staff from INGETEAM main office for reasons of technical expertise or/and with another INGETEAM Service Centre because of unavailability at the nearest centre of the installation site.

|        | DAILY RATE   |                |  |  |  |  |  |  |
|--------|--|----------------|--|--|--|--|--|--|
| CODE   | GENERAL CONDITIONS – CARRYING OUT OF SERVICES  | RATE           |  |  |  |  |  |  |
| 001137 | For all hours of operational service and for all hours of travel and/or idle waiting (maximum 8 working hours and in any case no more than 12 hours overall) | 1,100.00 EUR   |  |  |  |  |  |  |
| 001136 | Further expenses (Airfares/other fares, car hire, materials etc.)  | Expenses sheet |  |  |  |  |  |  |

The daily rate is per person per day (normal daily working hours are 08.30 to 17.30).

The Prices indicated above are valid unless differently agreed in a dedicated contract between Ingeteam and its Customer.

The Price is net / not includes VAT, charges, or expenses of any kind, without the possibility of deductions.

The rates indicated are subject to an annual increase equal to ISTAT (FOI) + 1% index.

ANNEX "L" - TECHNICAL ASSISTANCE REQUEST FORM (October 2020)



| *CUSTOMER's stamp and legible signature for acceptance |
|--|
|  |
|  |
|  |

\*Date ......(day) /.....(month) /....(year)

### PERSONAL DATA PROTECTION

In compliance with what is set out in "GDPR UE Regulation 2016/679" concerning the protection of data of a personal nature, the Client is hereby informed and authorizes the inclusion of its personal data in the corresponding archive for which INGETEAM is responsible and which has as its aim the relationship and commercial, administrative, fiscal and marketing management, as well as communication with third parties and the commercialization of INGETEAM assets and services. The Client can exercise its rights of access, rectification, cancellation or opposition via written communication sent to INGETEAM (gdpr.italy@ingeteam.com) indicating as subject "PROTECTION OF PERSONAL DATA" and identifying himself in a correct manner. INGETEAM informs the parties that the personal data they have provided thereunder and any other personal data that they may provide in the future to INGETEAM within the framework of the service execution (e.g. name and surname, Identity Document Number, domicile, email account, etc.) shall be processed by INGETEAM (whose identification and contact details are set forth herein) for the sole purpose of facilitating the appropriate management and execution of the commercial relationship established between the parties and on the legal basis thereof. The aforementioned personal data shall solely be disclosed to those entities and/or public bodies to which it is necessary to make such disclosure in compliance with the legal obligations that INGETEAM is required to observe. In this context, it is hereby stated that the provision of the said personal data by the signatories is necessary and comprises a requirement for the same, so that any failure to provide such data and/or to make such disclosure, would make it impossible to execute the service. INGETEAM shall retain the personal data of the signatories for the time that is strictly necessary for the correct execution of the service and, where necessary, for the additional retention time that the said entity must observe in order to comply with its legal obligations. In any case, the signatories are informed that they have the right to (i) request INGETEAM for access to their personal data, as well as the right to rectification, erasure, restriction of processing and to the portability of such data or to object to processing, where appropriate, through a written request addressed to INGETEAM at email address gdpr.italy@ingeteam.com; and (ii) to lodge a complaint with the Italian Data Protection Agency or any other competent Supervisory Authority, particularly when they have not obtained satisfaction in the exercise of their rights. Whenever, the execution of the service signed by the parties requires, in view of the contents thereof, the processing of personal data on behalf of INGETEAM by the Client, the latter shall be obliged to comply with the provisions of the applicable data protection regulations, undertaking to enter into the corresponding service with INGETEAM, with the contents and scope set out in article 27 of the GDPR properly identifying itself and including the reference "LD 196/2003".

| * Date | (day) / | (month) | /(year) |
|--------|---------|---------|---------|
|--------|---------|---------|---------|

\* Customer's legible signature for acceptance



|            | T.            | WHICH IS REQUESTED THE TECHNICAL ASSISTANCE   |  |  |  |  |  |
|------------|---------------|---|--|--|--|--|--|
| TYPE/MODEL | SERIAL NUMBER | BRIEF DESCRIPTION OF REQUEST FOR INTERVENTION |  |  |  |  |  |
|            |               |   |  |  |  |  |  |
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|            |               | <u>I</u>                                      |  |  |  |  |  |



### To be filled one for each inverter

|                         |                  |            |                |            |          | _     | <u> </u>             |        |                |     |         |
|-------------------------|------------------|------------|----------------|------------|----------|-------|----------------------|--------|----------------|-----|---------|
| Incident date:          |                  |            |                |            |          |       | Inverter serial numb | er:    |                |     |         |
|                         |                  |            |                |            |          |       |                      |        |                |     |         |
|                         |                  |            |                |            |          |       |                      |        |                |     |         |
| Inverter uptime         | : Less tha       | an 1 day [ | >1 (           | day and    | < 1 week | >1    | week and < 1 month   | >1 mo  | onth and <1 ye | ear | >1 year |
|                         |                  |            | VERIF          | ICATIO     | ONS BEFO | RE IN | IVERTER DISCONN      | IECTIO | N              |     |         |
|                         |                  |            |                | <u>THI</u> | REE-PHAS | SE SO | LAR INVERTER         |        |                |     |         |
| Frequency of err        | ror: Const       | ant        | Spor           | radic      |          |       |                      |        |                |     |         |
| Frequency               |                  |            |                |            |          |       |                      |        |                |     |         |
| Working display         | <i>'</i> :       | YES        | NC             |            |          | _     |                      |        |                |     |         |
| LED INDICATOR           | RS:              |            |                |            |          | _     |                      |        |                |     |         |
| COLOUR                  | OFF              | 0.5s       | FLASHING<br>1s | 3s         | ON       |       |                      |        |                |     |         |
| GREEN                   |                  |            |                |            |          |       |                      |        |                |     |         |
| ORANGE                  |                  |            |                |            |          |       |                      |        |                |     |         |
| RED                     |                  |            |                |            |          |       |                      |        |                |     |         |
| DISPLAY:<br>ERROR COM m | essage:          |            | YES            |            | NO       |       |                      |        |                |     |         |
| Alarm codes (Mo         | onitoring):      |            |                |            |          |       |                      |        |                |     |         |
|                         | Alarm            |            |                |            |          |       |                      |        |                |     |         |
|                         | Code 1<br>Code 2 |            |                |            |          |       |                      |        |                |     |         |
|                         | Code 2           |            |                |            |          |       |                      |        |                |     |         |
| Comments:               |                  |            |                |            |          |       |                      |        |                |     |         |
|                         |                  |            |                |            |          |       |                      |        |                |     |         |
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