CLAIM FORM

Invoice/order number	
Name and surname:	
Return shipping address:	
E-mail address:	
Claimed goods:	
Defect description:	
Requested settlement method:	

At the same time, I request the issue of a confirmation of claim submission stating when I exercised this right, the content of the claim, the method of claim settlement I request, together with my contact details for the purpose of providing information about the claim settlement.

Date:

Signature: