

COMPLAINT FORM

(this form shall be filled in and sent back only in the case of making a complaint)

Date: Place:.....

Order Number: Name and Surname:

Date receipt of products: Address:

Defects detection date: E-mail:

Account Number:

| Number or description of the model | Description of the defect/lack of conformity |
|------------------------------------|--|
| | |

I declare that under the Act of 23 April 1964 Civil Code I demand:

- exchange of goods* (art. 561 § 1)
- free of charge repair of goods* (art. 561 § 1)
- lowering the price of goods by..... (in words:) euro,

Please return the given amount to the bank account / money order to my email address* (art. 560 §

- I withdraw from the contract and ask for refunding of the price of goods on the bank account.* (art. 560 § 1)

.....

Consumer signature

*

* Delete where inapplicable