

Claim form

I. Information about product:

Date of purchase:.....

Place of purchase:.....

Type of purchased product (name, weight/size).....
.....

Subject of a claim:.....
.....

Number of bill of sale/invoice:.....

II. Customer contact details:

Name and surname:.....

Address:.....

Contact phone number:.....

e-mail:.....

Bank account number:.....

City:.....

Date of claim:.....