

\_\_\_\_\_, on \_\_\_\_\_  
(city) (date)

**Compliant Notification Form**

**Customer information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone no.: \_\_\_\_\_

**Subject of the complaint:**

Date of purchase: \_\_\_\_\_

Name of the product: \_\_\_\_\_

Order date and number: \_\_\_\_\_

Quantity of product being claimed: \_\_\_\_\_

Invoice no.: \_\_\_\_\_

**Description of defects and circumstances of their occurrence:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of finding defects: \_\_\_\_\_

Claimant's request: \_\_\_\_\_

\_\_\_\_\_  
(legible signature of the claimant)