

COMPLAINT

1. Name and surname of the person making the complaint:
2. Postal address:
-
3. Phone number:* 4. E-mail:*
- * optional data – enables R-GOL to contact client via e-mail or phone
5. Date of purchase: 6. Price of the product:.....
7. Proof of purchase (invoice or receipt number):
8. Name of the product:
9. Date of finding defect in the product:
10. Description of the defect :
-
-

11. Clients' demands: (tick what you choose):

- | | |
|--|---|
| <input type="checkbox"/> repairing the product | <input type="checkbox"/> replacing the product with a new one |
| <input type="checkbox"/> withdrawal from the agreement | <input type="checkbox"/> discount |

12. Delivery address(if it differs from the address in #2):

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13. Bank account number:**

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* Please provide a bank account number where we transfer the refund. Also provide a bank account number in case there is no possibility of repairing the product or exchanging it for a new one.

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Date and signature of the client

Date and signature of the R-GOL worker

The way of considering the claim

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Date and signature of the person dealing with complaint

www.R-GOL.com

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