

# 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):

repairing the product|

withdrawal from the agreement

replacing the product with a new one|

| discount

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

.....

13. Bank account number:\*\*

.....

\* 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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R-GOL Sp. z o.o.  
Górka 3D,  
14-100 Ostróda

+44 20 8017 9363

support@R-GOL.com

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Date and signature of the person dealing with complaint

www.R-GOL.com

BNP Paribas: 88 1600 1462 1833 6038 5000 0001

R-GOL Ltd. limited partnership Górka 3D, 14 -100 Ostróda District Court in  
Olsztyn VIII Commercial Division of the National Court Register, National Court  
Register: 0001034546 TAX ID: 7412132944