

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:**

[illegible]

* 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.

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

+44 20 8017 9363

www.R-GOL.com

support@R-GOL.com

BNP Paribas: 88 1600 1462 1833 6038 5000 0001

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