

COMPLAINT

1. Name and surname of the person making the complaint:

2. Postal address:
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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):
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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.

.....
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**

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