

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.*

.....
Date and signature of the client

.....
Date and signature of the R-GOL worker

The way of considering the claim:

R-GOL Sp. z o.o.
(formerly R-GOL Marcin
Radziwon Sp. Komandytowa)
Górka 3D, 14-100 Ostróda, Poland

+44 20 8017 9363
support@R-GOL.com

.....
**Date and signature of the person
dealing with complaint**
www.R-GOL.com
BNP Paribas: 88 1600 1462 1833 6038 5000 0001