



### COMPLAINT FORM

Before returning the defective goods, this form should be printed, legibly filled in and attached to the package together with the purchase document: receipt or VAT invoice.

#### I. PERSONAL DATA

First and last name:.....
Correspondence address
City (name with postal code):.....
Street (name and house / flat number):.....
Country:.....
E-mail address:.....
Phone number:.....

#### II. INFORMATION ON A FAULTY PRODUCT

Name:.....Product code:.....Size:.....Colour:.....
Description - information about the cause of the defect.....
.....
.....
.....
.....

#### III. CUSTOMER EXPECTATIONS

Please mark the selected option with the  and complete the data related to it

<input type="checkbox"/> Repair
<input type="checkbox"/> Replacement with a new one of the same model
<input type="checkbox"/> Replacement with a different model
Name:.....Product code:.....Size:.....Colour:.....
<input type="checkbox"/> Cash back
<input type="checkbox"/> Transfer to the bank account
Bank account number:
<input type="text"/>

I have read Regnes.eu Shopping Regulations and accept it entirely

.....  
Date and readable signature of the person submitting the complaint

#### IV. WAY OF COMPLAINING

Complaint handling method:
<input type="checkbox"/> Complaint accepted
<input type="checkbox"/> Complaint not accepted - the reason
.....
.....
.....

.....  
Date, stamp and signature of the manufacturer

**Shipping address:**