

Goods return/complaint* form

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(Place and date)

Buyer

(Name and surname):

.....

Address:.....

.....

E-mail:

Contact phone:

Claimed goods:

.....

Cause of return/complaint:

(tick as appropriate)

- the product is defective
- delivery is non-compliant with order
- return of goods without revealing cause (available within 14 days from the date of goods receipt, the goods must be returned in their original packaging without signs of use and with a receipt)
- other

Detailed description of the defect:

.....
.....
.....

I would like to:

(tick as appropriate)

- exchange the goods for a defect-free product
- exchange the goods for different goods (please indicate the name of the product):
- get a reimbursement to the following bank account:

.....

Comments:

.....
.....

.....
(legible signature)

* delete as appropriate