

CLAIM FORM

Addressee: Kaarsgaren s.r.o., V Olšínách 38, 100 00 Prague 10, Czech Republic

Making a complaint

Date of conclusion of the Agreement:
Name and surname:
Address:
Email address:
Goods being complained about:
Description of product defects:
Suggested way to handle the complaint:

At the same time, I request the issuance of a confirmation of the application of the complaint stating when I exercised this right, what the content of the complaint is, what method of handling the complaint I require, along with my contact details for the purpose of providing information about the handling of the complaint.

Date:

Signature: