ATTACHMENT 2

COMPLAINT FORM

ame and surname / company:	
ddress:	
-mail:	
hone number:	
order number:	
ate of receipt of the order:	
roduct complaint	
hereby give notice that the purchased by me on	
he defect consists in	
Oue to the above, I request:	
 exchange of goods for a new one (Article 561 § 1 of the Civil Code) repair of goods free of charge (Article 561 § 1 of the Civil Code) lowering the price of the goods by the amount of	
am asking for a refund via:	
postal order to the address bank account number: applicable], Bank account holder:	[complete if
Pate: Consumer's signature:	-
lace, date:	