

COMPLAINT SHEET

Claimant:

Full Name:

Address:

Phone:

E-mail:

Supplier:

BRASTY GROUP s.r.o., Lípová 511/15, Nové Město, 120 00 PRAHA 2

CZECH REPUBLIC

Address for sending the claimed goods:

BRASTY GROUP s.r.o., Velkomoravská 479/19, 779 00 Olomouc

CZECH REPUBLIC

Number of sales document: **Date of Sale*:****Order number:****Designation of the claimed goods:**.....

Serial number:.....

Defect description:**Package contents upon delivery:****Number of your bank account :**

Please note: When returning goods, please always make sure they are complete, i.e. with all accessories. This prevents extension of the complaint.

Date and signature of the claimant

* on the invoice - tax document - it is the date of taxable supply

Address for sending the claimed goods:

BRASTY GROUP s.r.o., Velkomoravská 479/19, 779 00 Olomouc

CZECH REPUBLIC

Bank details: Komerční banka 107-4108590207/0100www.brasty.co.ukinfo@brasty.co.uk

tel.: 02 03 807 5465