

Complaint notification form

DATA OF THE RECIPIENT/BUYER

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| NAME AND ADDRESS OF THE COMPANY/STAMP | |
| E-MAIL ADDRESS/PHONE NUMBER | |
| CONTACT PERSON | |

THE DATE OF PURCHASE OF THE GOOD/SERVICE

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| PROOF OF PURCHASE/DATE AND INVOICE NUMBER | |
| NAME OF GOODS | |
| THE QUANTITY | |
| THE DATE ON WHICH THE DEFECT/FAILURE OCCURRED | |
| CIRCUMSTANCES OF FAILURE/DEFECT (MACHINE PARAMETERS, PRODUCT APPLICATION, ETC.) | |
| THE CONDITION OF THE GOODS AT THE TIME OF RETURN TO THE SENDER | |

DATE, COMPANY STAMP, SIGNATURE OF THE COMPLAINING PARTY

