

CLAIM FORM

Address: 3NanoMasks s.r.o.
Záhřebská 562/41
120 00 Prague 2 - Vinohrady

Making a complaint

Date of conclusion of the contract:	
Name and surname:	
Address:	
E-mail:	
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, together with my contact details for the purpose of providing information about the handling of the complaint.

Date:

Signature: