



Date.....

COMPLAINT FORM

ORDER NUMBER:..... ORDER DATE:.....

INVOICE NUMBER:.....

NAME AND SURNAME:.....

ADDRESS:.....

.....

PHONE NUMBER:..... E-MAIL ADDRESS:.....

COMPLAINT

Detailed description of the product defect or damage, date of detection, claim under the warranty:

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.....

Please send the product together with the filled in complaint form to the following address:

Emkap 1926, ul. Gołębia 5, 61-834 Poznań.

.....
(date and Customer's legible signature)