



## Complaint Form / Return Form

Please complete the form accurately and legibly

Date of purchase	
No. of order	
No. of invoice	
Product	
Reason of the complaint <input type="checkbox"/> product damaged / defective <input type="checkbox"/> product not compliant with the order	Return <input type="checkbox"/> return of the product
Date of noticing damage	
Description of damage / non-compliance	
Contact details	
Name and surname	
Company name	
Address	
Postal code	
City	
Country	
E-mail	
Phone	

.....  
Date

.....  
Legible signature \*

Confirmation of complaint's receipt by PANSAs:

.....  
Date, signature and stamp \*

\* An electronic signature is allowed