Complaint Form

# Buyer:

Full Name: Address:

Phone:

E-mail:

# Seller:

SELUPA CORP. s.r.o.

Registered office:

Company ID (IČO):19406657

Registered in the Commercial Register maintained by the Regional Court in Brno, Section C, Insert 134443

# Claimed goods

Product designation:

Date of purchase:

Invoice number:

# Description of the defect:

**Contents of the package upon return:**

**Preferred method of complaint resolution (***Before selecting the method of complaint resolution, please refer to Section V “Rights and obligations arising from defective performance” and Section VI “Complaint resolution” of the Terms and Conditions***):**

1. repair
2. exchange
3. discount
4. withdrawal from the contract

I expect the claim to be resolved within 30 days from the date of its submission.

I also request a written confirmation of the submitted claim, stating the date of its submission, the subject of the claim along with the chosen remedy, and subsequently a confirmation of the date and method of claim resolution, including the duration of the process.

# In …………………. on …………….. ………………………………...

Signature of the Buyer