## **COMPLAINT FORM**

	(date, place)
(name)	
(address)	
	"JOLLY-HEAP" Svitlana Sapunova
	Aleja Led 4, 55-020 Rzeplin
	info@jollyheap.com, tel.: +48 575 935 005
I be welve de alone a plaine familie faller in a consider	
I hereby declare a claim for the following goods:	
Date of purchase:	
Order Nr :	
Date of defect detection :	
Description of the defect and circumstances of	
disclosure:	
Customer expectations (please mark):	
[] repair	
[] exchange for goods free from defects	
[] price reduction	
[] money refund for the defective goods	
Bank account number for money refund (in case of return of goods):	
Name of the bank account holder:	
(signature)	