**Complaint Sheet**

Please use this form if you wish to claim the liability for defects in goods purchased from [www.crystalindo.sk](http://www.crystalindo.sk) within 24 months of receipt.

Complete this form legibly and then send the completed form and the goods to the e-shop address. We strongly advice that you send the parcel by registered mail in order to be able to track the status of its delivery to the seller.

**E-shop address = recipient of the returned goods:**

Markéta Flintová – Glamour, Luční 29, 46851 Smržovka, tel: 602 12 99 88

**I hereby notify that I am exercising my rights under liability for defects.**

Order no:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I claim the goods for the following reasons:**

**Your claim arising from the liability for defects:**

□ Withdrawal from the contract □ Delivery of new goods

**Buyer = sender of the claimed goods:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account number for refund IBAN/SWIFT (BIC): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of return shipment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consumer’s signature:**