

# WARRANTY CLAIM FORM

**Claimant:**

Name: .....  
Address: .....  
Company and TIN (Tax Identification No.): .....  
Telephone: .....  
E-mail: .....

**Order No.** (if available): ..... **Date of sale:** .....

**Denomination of the goods:**

Product name: .....

**Detailed description of the defect:**

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.....  
.....  
.....

Remark: Following documents need to be attached to the Warranty Claim Form: proof of purchase (invoice, receipt). Please send the defective product to:

Eva Illésová, Radvánovice 89, 511 01 Turnov

.....  
**Date and signature of the buyer**

----- (to be filled out by seller) -----

**Date and place of filing the claim:** .....

**Date of resolution of the claim:** .....

**Result of the claim:**

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