

Defect complaint form

Online store www.kompava.eu

Address for communication: KOMPAVA spol. s r. o., Piešťanská 1202/44, 915 01 Nové Mesto nad Váhom, Slovak Republic

Customer

Name and surname:

Address:

Phone number/ email address:

Claimed goods/services

Number of the proof of purchase or warranty card:

Title:

Date of purchase:

Accessory:

Description of the defect:

I suggest that my complaint be handled in the following way /tick the required one/:

Replacement of goods Repair of goods

In the event that the complaint is handled by a refund and if you wish to send money to a bank account, please provide its number:

In..... Day:.....

.....

Customer signature