



CLAIM FORM

Date:

Claimant's Data:

Company Name.....

Full Name:

Address:

Mobile No.:

Email:

Claim Details:

Complaint (please tick the appropriate item)

quantity

quality

return

Product Name

Symbol

Size

Amount

Reference Document (Invoice nr. FV / nr WZ (Issue Confiramtion))

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Cause of complaint/return, description

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Preferred form of acknowledgment of the complaint/return: (please mark the appropriate section)

FV Adjustment

Exchange

Claimant's signature

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