



PROTOCOL FOR COMPLAINT OR REPLACEMENT

CUSTOMER:

NAME AND SURNAME:

STREET:

CITY, POSTCODE:

PHONE:

E-MAIL:

GOODS:

NAME OF THE GOODS:

ORDER NUMBER:

NAME OF THE GOODS:

ORDER NUMBER:

NAME OF THE GOODS:

ORDER NUMBER:

REASON FOR COMPLAINT: (* MANDATORY FIELD)

SELECT THE VARIANT AND DESCRIBE THE REASON FOR THE COMPLAINT

☐ DOES NOT FIT SIZE ☐ DOES NOT MATCH THE SIZE CHART ☐ PRODUCT ERROR ☐ OTHERS DESCRIBE BELOW

CUSTOMER'S REQUEST FOR THE METHOD OF SETTLEMENT:

☐ EXCHANGE FOR THE SAME GOODS

☐ EXCHANGE FOR OTHER GOODS, PLEASE SPECIFY:

☐ REPAIR

☐ REFUNDS, ENTER ACCOUNT NUMBER:

☐ ANOTHER SOLUTION:

A COPY OF THE INVOICE MUST BE ATTACHED TO THIS SHEET

SEND THE GOODS TO THE ADDRESS: UAX S.R.O. BERNARTICE NAD ODROU 131, 741 01