CLAIM REGISTRATION BLANK

1 Customer's data:

Private Person / Organization: _____

Address _____

Tel.: _____ Fax: _____

E-mail: _____ Contact Person: _____

2 Subject of the claim:

Description: _____

_____

iaw Invoice №:/ Order № _____ dated: _____

Date of the claim establishment : _____

3 Requested action yes ☐ no ☐

Description: _____

_____

4 Data was provided by (Name, Surname): _____

Date: _____ Signature: _____

5 Enclosed documents:

_____
_____
_____
_____
_____
_____
_____