

COMPLAINT FORM

Before returning the defective goods, this form should be printed, legibly filled in and attached to the package together with the purchase document: receipt or VAT invoice.

I. PERSONAL DATA

First and last name:.....
Correspondence address City (name with postal code):..... Street (name and house / flat number):..... Country:.....
E-mail address:.....
Phone number:.....

II. INFORMATION ON A FAULTY PRODUCT

Name:..... Product code:..... Size:..... Colour:.....
Description - information about the cause of the defect.....

III. CUSTOMER EXPECTATIONS

Please mark the selected option with the and complete the data related to it

<input type="checkbox"/> Repair
<input type="checkbox"/> Replacement with a new one of the same model
<input type="checkbox"/> Replacement with a different model
Name:..... Product code:..... Size:..... Colour:.....
<input type="checkbox"/> Cash back
<input type="checkbox"/> Transfer to the bank account
Bank account number: <input style="width: 100%;" type="text"/>

I have read demoniq24.pl Shopping Regulations and accept it entirely

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Date and readable signature of the person submitting the complaint

IV. WAY OF COMPLAINING

Complaint handling method: <input type="checkbox"/> Complaint accepted <input type="checkbox"/> Complaint not accepted - the reason
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Date, stamp and signature of the manufacturer

Shipping address:

**Hyperion Mariusz Senger
Pabianicka 119/131 street, building 2
93-490 Lodz, Poland**

Full complaint regulations can be found at www.demoniq24.pl