

Send the form together with the product to:

Amocarat Sp. z o.o. 1 Królewska Street 43-354 Czaniec or via e-mail / fax:

sklep@obsessive.com

fax: +48 33 845 32 30 ex. 40

Got some questions? Call us from 8 a.m. to 4 p.m. CET We work Monday to Friday

Phone: +48 888 666 777

		Pla	ace, date
Name ar	nd surname		
Address	of the consumer (street, house number)		
	, ,		
Address	cont. (place, postcode)		
Telepho	ne number, e-mail address		
	PROI	PLAINT	
purcha	oy inform that the product ased and received on	I have ctive.	
	efect is		
The de	efect was found on		
Due to	o that fact and under the Act of 2	il Code*:	
a. b.	I demand replacement of the p I demand a free repair of the p	w one (Art. 561 (1).)	:count
	Name and surname of the accordance Bank account number:		
		Date and signature of the consumer	

* Underline the chosen option