

COMPLAINT NOTIFICATION FORM

Details of the person filing the complaint:

First and last name/Company name:.....

Address for correspondence:

Telephone: e-mail:.....

Details of the goods to which a complaint relates:

Product name:

Date of purchase: Date of defect disclosure:

Description of the reported defect:

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A complaint notification form shall be sent to the Seller's address:

Establo Pharma Sp. z o.o.

St. Wojciechowska 9B/9

20-704 Lublin, Poland

or via e-mail to: zamowienia@establopharma.com

Place, date, Buyer's signature:

Seller's opinion:

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Seller's decision:

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Place, date, Seller's signature: