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Filled by the employee

COMPLAINT FORM

Return address:

ZIBRU.COM
Ul. Kościuszki 7/9,
80-451 Gdańsk,
Poland

Date __ - __ - 20 __ . in

1. Name and surname:

2. Order number:

3. Client's address:

4. E-mail: Phone number:

5. Date of purchase: __ / __ / ____ (DD/MM/YYYY)

6. Date of detection of the defect: __ / __ / ____ (DD/MM/YYYY)

7. Description of the defect:

8. Circumstances in which the defect was noticed:

9. Client's request:

- a. Free repair
- b. Exchange for a new product
- c. Price reduction
- d. Full refund

Please be advised that in accordance with the Act of 27th July 2002, on special terms of customer sales and amendment of the Civil Code, pursuant to art. 8.4 the customer cannot demand cash refund or exchange of goods when the product can be repaired.

Bank account number for reimbursement:

26 DIGITS: - - - - -

Bank account holder's details:

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Client's signature

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Seller's signature