

COMPLAINT FORM

Forname and surname:

Contact phone:

E-mail adress:

Date of delivery:

Order number:

Goods/Service not in conformity:

Description of non- conformity:

Date of non- conformity:

Claim by the complainant:

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If you choose the option to reduce the price, please indicate the desired amount:

and your account number:

– date and signature (only if the form is sent on paper)

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 www.warsawsaints.com

 hello@warsawsaints.com

The goods, together with the claim form (or other statement complaint) and the proof of purchase, should be packed and sent back to the following address: WARSAW SAINTS, Wiertnicza 98, 02-952 Warsaw.

WARSAW SAINTS