

## **COMPLAINT FORM**

Order number		
Date of receipt of goods		
Name and surname		
Address		
Phone number		
E-mail address		
Product name		
Bank account number in IBAN	format (we are making an internationa	al transfer)
On the basis of the Act of 22 A	aril 1064 of the Civil Code I demand:	
A) Replacement of goods with	pril 1964 of the Civil Code, I demand: new goods (Article 561 § 1)	
	and request that the price of the good	ls be refunded
If possible, send the goods in u <b>Asobi s.r.o.</b> Hrádek 249 73961	undamaged original packaging to:	
E-mail: sklep@ewafarna.com		Date and signiture