Claim protocol - fault descriptions



Consumer:					Seller	•	
First name and surname:						- ss name:	iFix s.r.o.
Street and number:					Street a	and number:	Námestie hraničiarov 6/A
City:					City:		Bratislava - Petržalka
Postcode:					Postcoo	de:	851 03
E-mail:					E-mail:		info@fixshop.eu
					ID:		47 019 948
					Tax ID/\	VAT ID:	SK 202 371 9379
I hereby claim the goods liste	d below	and pro	vide a desc	cription of the	defect(s)		
I purchased the goods via e-	shop:						
Document number (invoice):						da	te
Claimed goods: Description of error the subject of the complaint:							Anhänge: Claim protocol Claimed goods Copy of proof of purchase/ warranty certificate Other
I request my claim, to be han				er:			Signature
Seller's statement (to be filled in by the seller):							
Based on the above informat follows: Exchange of goods	Repair of	f goods	Oth	er:			e submitted has been settled as
Comments/other:							
The claim has been received	on the c	late:					
The Claim has been settled on the date/Dismissed:							
The claim has been handled by, name and surname/phone number/e-mail:							
				. ·			
If a claim has not been recognized, you may contact us to request an expert judgment on:							
With my signature I agree to accordance with Act No. 18/						lusion in the	database of iFix s.r.o. in

