

Complaint Form

DATE		NUMBER FSZ*	RECEIVING COMPLETED
DECLARING RECLAMATION			
1. Company		2. Name and Surname	
ADDRESS			
3. Street		4. Number of the building	5. Apartment number
6. City	7. City code		
A	CONTACT DETAILS		
	8. Name and surname of the contact person		9. Mobile/office phone number
	10. Fax	11. Email address	

B	SUBJECT OF COMPLAIN		
	12. Name		
	13. Serial number		
	14. Exact description of the defect		

C	SIGNATURES AND STATEMENTS	
	The applicant declares that the above data and informations are correct and that I know the rights that I am getting from the guarantee. I was informed of any consequences of failure to provide the required documents, delivery of incomplete and non-original documents and o costs related to unfounded claims against Ha sborg.	
	Recipient: signature (legibly name and surname)	Submitting complaints: signature (legibly name and surname)