**Attachment 1 - Complaint Form**

**Recipient:** Nela Mitterpáková, Idanská 4, 04011 Košice, Slovakia, mobile: +421904871688

**Filing a Complaint**

|  |
| --- |
| To be completed by the Consumer |
| Name and Surname |  |
| Residence Address: |  |
| Email Address: |  |
| Order Number and Invoice Number: |  |
| Order Date: |  |
| Date of Goods Receipt: |  |
| Goods Being Complained About (Name and Code): |  |
| Description and Extent of Goods Defects: |  |
| As a customer of the seller, I request that my complaint be handled in the following manner: |  |
| I wish to have my money refunded to my bank account (IBAN)/in another way |  |

Attachments:

Date:

Signature: