

COMPLAINT FORM №: .....(year/month/day/) - must be filled by a EuropeGAS service worker

Name and Surname/Company making request:

.....

Contact number:.....

E-mail address:.....

Address :.....

PLACE FOR STAMP

	Product name	Serial number	Damage/problem description
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Claimer signature:

.....

Complaint receiver signature:

.....

**ATTENTION!!!**

Please, remember that the condition of positive response to the complaint is properly completed declaration warranty and **attachment of a proof copy of goods purchase.**