

## COMPLAINT OF PART

(Fill in blank)

<b>Date of complaint</b>		<b>Date when the fault occurred</b>	
<b>User data</b>		<b>Device data (from which part was removed)</b>	
Company name		Device name	
		Purchase date	
Address		Serial number	
		Number of hours worked	
NIP/EU-VAT		<b>Part data (if applicable)</b>	
Phone contact		Part name	
Email			
Return to the address above	YES / NO*		
We accept costs up to the amount (PLN netto)		Serial number	

### Description of the fault and the circumstances in which the fault occurred

Please attach the protocol to the shipment part

**I confirm that I have read the warranty conditions, please consider the above complaint, I am an authorized person to represent the company in the above case. We accept costs if the complaint is not considered positively.**

#### REPORTED BY

Name and surname	Legible signature

### TO BE COMPLETED BY THE SERVICE

<b>Case reference number</b>	
<b>Examined</b> (name and surname of the service technician)	
<b>Verdict</b>	Positive / Negative *

\* Delete as appropriate