



Complaint form

Seller/Supplier:

ELSYMCO s.r.o., ID 28505026, with its registered office at K Roztokům 321/34, 165 00 Prague 6

Represented by the exclusive sales representative, Digital Vent Technologies s.r.o., ID 10888276, with its registered office at Velflíkova 4, 160 00, Prague 6

Buyer/Claimant:

Name and surname (or company name):

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Address:

Phone:

Email:

(for companies) IČO:.....DIČ:.....

Invoice number:

Order date:

Claimed goods (enter the name and numerical catalogue code of the goods according to the invoice):

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Reason for complaint:

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Date of filing the complaint

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Signature of the claimant



Complaint protocol

(Do not fill in, fill in the complaint department of Digital Vent Technologies s.r.o.)

Date of receipt of the complaint from the customer:

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Date of receipt of the claimed goods:

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Method of settlement of the complaint:

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Date of settlement of the complaint, name and signature:

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