

\_\_\_\_\_  
(seller or service provider name)

\_\_\_\_\_  
(registration number)

\_\_\_\_\_  
(legal address)

\_\_\_\_\_  
(buyers name, surname)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(contact information)

### Claim

day, month, year.

\_\_\_\_\_  
(place of purchase)

\_\_\_\_\_  
(purchase/order/contract/other kind of transaction)

\_\_\_\_\_  
(product number, serial number and other information, or service name and type, and additional information)

Description of defective goods or unfulfilled services in accordance with the contract/failure to performed obligations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Therefore, I claim

\_\_\_\_\_  
(claim description)

Attached:

1. \_\_\_\_\_ copy on     pages  
(name of transaction document)

2. \_\_\_\_\_ copy on     pages  
(other documents that justify the claim)

\_\_\_\_\_  
(claim submission date)

\_\_\_\_\_  
(claimant's signature)