

		Reclamation Form		Form no. QF-26	
				Issue date	04.08.2011
Complainer (full address):			Reclamation no. (to be completed by manufacturer)		Receiving date (to be completed by manufacturer)
			/ /		/ /
Contact person:		Claim date: / /		Purchase date: / /	
tel.:	fax:	e-mail:	Confirmation of purchase (please check "X" the correct box)		invoice <input type="checkbox"/>
					receipt <input type="checkbox"/>

It is obligatory to attach the document that confirms your purchase of Ro-Ma Zakłady Narzędzi Skrawających Sp. z o.o. product. Failure to do so will cause the rejection of your claim.

Product name	Size (b x s x t)	length	u.m. (units./rm)	The reason of reclamation

ATTENTION: Incorrectly filled out form won't be accepted.

I accept all terms and conditions of Reclamation Statute..

.....
Customer's signature

MANUFACTURER DECISION

reclamation accepted ☐

reclamation accepted partly ☐

reclamation rejected ☐

.....
REASON
.....

Date / /

Signature:.....

ATTENTION: In case of rejection the product should be collected within 30 days.