

ANNEX 1 - COMPLAINT FORM

Address: Prostor, spol. s r.o., Drazni 1182/5, Brno 627 00, Czech Republic

Making a claim

Date of conclusion of the Contract:	
Name and surname:	
Address:	
E-mail address:	
Goods that are claimed:	
Description of defects Goods:	
Suggested method for handling the complaint:	

At the same time, I request a confirmation of the claim stating when I exercised this right, what is the content of the claim, what method of handling the claim I require, together with my contact details for the purpose of providing information on the handling of the claim.

Date:

Signature: