



Complaint Form for Goods

The form must be printed, completed, and enclosed in the parcel together with the returned goods and the proof of purchase.

CLAIMANT

Name and Surname:

Address:

E-mail:

Phone:

SUPPLIER

Los Muertos s.r.o.

Company ID No.: 08777004

Rabasova 1387, 274 01 Slaný

Date of purchase of goods:

Order number:

Document number:

Goods claimed:

Description of defect:

Proposed method of claim handling*

a) repair of goods

b) replacement of goods

c) refund

d) other, please specify

Bank account number for any refund:

Assertion of rights from defective performance (claim)

I hereby submit a claim for the product purchased on your e-shop www.losmuertos.cz due to the defect described above.

I request that you handle the claim no later than within the statutory period of 30 calendar days.

Thank you in advance for a favourable resolution.

.....
(handwritten signature)

Attachments: copy of proof of purchase

*cross out what does not apply

Send the goods to the address Los Muertos s.r.o., Rabasova 1387, 274 01 Slaný, with the proof of purchase and the completed form enclosed.