



COMPLAINT FORM

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

E-MAIL: _____

ORDER NUMBER: _____

DATE OF ORDER: _____

PRODUCT	QTY	AMOUNT

DESCRIPTION OF DEFECTS OR NON-CONFORMITY WITH THE CONTRACT

If it is not possible to repair the product or replace it, please return the funds by bank transfer to the one below bank account.

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Name and surname of the account owner: _____

The goods under complaint should be cleaned, packed in a box with a complaint form and proof of purchase and sent to the following address: AMUMU, ul. Raławicka 67, 60-302 Poznań, Poland.

I declare that I have read the terms of the complaint in accordance with the Regulations of the Store
www.amumu.eu.

date and legible signature of the Customer