



ANNEX 1 - COMPLAINT FORM

Recipient: Pack4you, s.r.o., Na Pántoch 18, 831 06 Bratislava, Slovakia

Application of a claim

To be completed by the Consumer	
Name and surname:	
Residential address:	
To be filled in by Entrepreneur - natural person	
Business Name:	
Residential Address / Registered Office:	
Business ID Number/Entry	
To be filled in by Entrepreneur - legal person	
Business Name:	
Registered office of the legal entity:	
Business registration number/entry in the Commercial Register:	
Name and surname of the person acting on behalf of the Entrepreneur - legal entity/function	
E-mail address:	





Order and invoice number:	
Date ordered:	
Date of receipt of goods:	
Goods being claimed (name and code):	
Description and extent of defects in the goods:	
As a customer of the Seller, I request that my complaint be handled as follows:	
I wish to have my money refunded to my bank account (IBAN)/other method	

Attachments:

Date:

Signature: