

## COMPLAINT FORM

(send the completed form back with the goods)

☐ Warranty claim

☐ Post-warranty claim

NAME AND SURNAME/COMPANY NAME : .....

ADDRESS : .....

.....

TAX NUMBER : .....

TELEPHON NUMBER : .....

ADDRESS E-MAIL : .....

INVOICE NUMBER :.....

Shipping address  
Technika Chłodzenia Sp.z o.o.  
ul. Pyskowicka 24  
41-807 Zabrze  
With the note: COMPLAINT

**PRODUCTS:**

**SERIAL NUMBER:**

**DATA OF PURCHASE:**

**DESCRIPTION (METHOD AND CAUSE OF OCCURRENCE) OF DAMAGE**

.....  
Legible customer signature

The controller of your personal data is Technika Chłodzenia Sp. z o.o. with its registered office at ul. Pyskowicka 24, 41-807 Zabrze. Your personal data are processed for the purpose of considering complaints. The data may be made available only to entities authorized under the law. You have the right to access and correct your data. Providing your data is voluntary, but necessary for the complaint to be considered.