COMPLAINT FORM

(liability for defects - submission of a complaint)

matchiareň

matchiareň s.r.o., Banky 491, 972 25 Diviaky nad Nitricou
Address for returning goods: Drevená 10, 811 06 Bratislava
E-mail: info@matchiaren.eu **Tel.: +421** 910 771 737

1. Consumer details

Full name: .....
Address: .....
Telephone: .....
E-mail: .....

2. Order identification

Order number: .....
Invoice number: .....
Order date: .....
Date goods were received: .....

3. Goods subject to complaint

Product name: .....
Variant / size (if applicable): .....
Quantity: .....

4. Description of the defect

Please describe the defect as accurately as possible:
.....
.....
.....
Date the defect was discovered: .....

5. Remedy requested under liability for defects

(tick the requested method of resolution)

☐ repair of the goods
☐ replacement with new goods
☐ appropriate price reduction
☐ withdrawal from the contract (refund)

6. Refund method (if requesting a refund)

IBAN: .....
Account holder: .....

7. Important information

- The goods must be properly packaged to prevent damage during transport.
- Cash-on-delivery shipments will not be accepted.
- The complaint procedure begins on the date the defect is reported.
- The Trader will issue confirmation of receipt of the complaint.
- The complaint will be handled within a maximum of 30 days from submission, unless objective circumstances prevent earlier resolution.

Date: .....

Consumer's signature
(only if the form is submitted in paper form):

…….....