

CLAIM FORM

PRODUCER	
Konkret Z.R. Trejderowscy Sp.j. Wielkie Rychnowo 86A 87-410 Kowalewo Pomorskie NIP: 878-15-51-809	
CUSTOMER'S DETAILS	
Customer's Name and Address*:	
Customer's contact Person*:	
IDENTIFICATION OF THE CLAIMED PRODUCT	
Product name and dimensions of the claimed item*:	
Quantity claimed*:	
Konkret reference number (LOT No.)*:	
Description of defect*:	
Date the defect got spotted*:	
Invoice number*:	
Consignment note number:	
Label number:	
CUSTOMER'S EXPECTATIONS* (mark the correct one please)	
A.	Product replacement (only in case of full pallet quantities)
B.	Withdrawal from the sales contract and money return (not possible in case of insignificant defects)
C.	Price discount:
D.	Other:.....
MONEY RETURN – Customer's Bank Account (only if B. or C. chosen)	
OTHER COMMENTS	
Place, date*:	
Customer's signature*:	

* - obligatory

Appendix No. 2a to GCoS