



CLAIM LETTER

Ooops! Something went wrong? Attach a fully filled claim letter and a proof of purchase with the date of sale to the claimed item, otherwise the claim cannot be accepted.

Customer	_____
Name and Surname	_____
Company	_____
Reg. No.	_____
Street, No	_____
Postal code, City	_____
Country	_____
Phone number	_____
E-mail	_____

Name of item	Amount	Description of mistake
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Add this Claim sheet to the claimed products and send it to:

gooseberry, s. r. o., Jakubovo námestie 14, 811 09 Bratislava, Slovakia



DO NOT FILL!

Claim number _____

Date _____

Handled by _____