

## Complaint Form / Withdrawal Form

Date:

## **Contact details** Name and surname of the buyer: Phone: E-mail: Bank connection: Return of goods Order (invoice) number: Name of goods: use of the 14-day statutory return period Reason for return: damaged goods incomplete order (missing/other goods) other reason, please state: Preferred method of resolution refund to bank account replacement of damaged goods delivery of missing goods Additional information: If you are sending us the goods together with the complaint, please send them to the following address: Nature Laboratories, s.r.o. Areál ÚJV Řež, a.s. Hlavní 130, Řež, 250 68 Husinec Czech Republic

Signature: