

COMPLAINT FORM

Seller:	Purchaser (Consumer):
BodyID, Tomáš Obr	Name and surname:
Přecechtělova 2242/9	Street and no.:
155 00, Prague, Czech republic	City, Postal code:
ID: 68291132, VAT: CZ7710032944	Tel.:
Tel.: +420 775 677 103	E-mail:
Email: info@bodyid.com	Bank account number:
	IBAN:
	Name of the bank:
	SWIFT/BIC:

Claimed goods:	
Product name (model, color, size):	
Date of purchase (invoice date):	
Purchase document number (invoice):	
Product price (including VAT, excluding shipping costs):	

Reason for complaint: Detailed description of the defect: Preferred method of processing a claim: REPAIR / REPLACEMENT*

*strike out what is not applicable

Address for sending the claimed goods:	Notice:
BodyID, Tomáš Obr	Always hand over the goods to be returned clean,
Přecechtělova 2500/36	complete, including accessories, in order
15500 Prague - Czech Republic	to prevent the extension of the return period.
Tel.: +420 775 677 103	Pack the goods thoroughly to protect them
Email: info@bodyid.com	from damage during transport.

In on

Signature of the purchaser (consumer):

By sending goods for a claim, the customer agrees to the processing of personal data for the purposes of the claim.