



MKTP

MÓJ KRAJ TAKI PIĘKNY

COMPLAINT FORM

FIRST NAME AND SURNAME _____

ORDER REFERENCE NUMBER: _____

PHONE NUMBER AND E-MAIL ADDRESS _____

ADDRESS _____

DATE OF PURCHASE _____

FILLING DATE _____

REASON OF COMPLAINT - DEFECT DESCRIPTION

COMPLAINT PERTAINS TO:

PRODUCT NAME: _____

COLOUR: _____

SIZE: _____

REMEMBER TO ATTACH THE PROOF OF PURCHASE TO THIS FORM (e.g. A RECEIPT)
OTHERWISE YOUR COMPLAINT CANNOT BE PROCESSED!

THE CLAIMED PRODUCT WITH THE FORM AND PROOF OF PURCHASE PLEASE SEND
TO THE BELOW MENTIONED ADDRESS:

MKTP, ul. Jagodne 5, 05-480 Karczew

CUSTOMER'S LEGGIBLE SIGNATURE