

lolum[®]
protect the glow
COMPLAINT FORM

I hereby inform you of a complaint regarding the following product:

.....
order number

.....
name and surname

.....
address

.....
e-mail

.....
phone number

Description of the defect:

.....
.....

Requested action:

- Repair
- Replacement
- Refund*

*Refunds are issued where repair or replacement is not possible or not appropriate.

Return address
ul. Szczawieńska 2/102A
58310 Szczawno Zdrój PL

Additional information:

The product should be returned clean and dry.

We will process your complaint within 14 days of receiving the product.

.....
date

.....
signature