

## COMPLAINT INVESTIGATION FORM

(filled form with pictures of the malfunction/defect to be sent at [complaint@mywam.pl](mailto:complaint@mywam.pl))

zał. 3 do P.12 wersja 01 z 10.09.2021

DATED

COMPANY NAME & NAME, SURNAME OF THE ISSUER

ADDRESS:

CONTACT NUMBER:

CITY AND POSTAL CODE:

SUBJECT OF COMPLAINT:

	NAME OF THE PRODUCT	SERIAL NO.:	QUANTITY:	VAT INVOICE NO.:	VAT INVOICE DATE:
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

COMPREHENSIVE DESCRIPTION OF THE COMPLAINT:

COMPLAINT REF.NO.: (filled by manufacturer):

COMPLAINT DECISION (filled by manufacturer):

**MyWam® Kupiec, Bartold, Angres sp.j.**

ul.Szczecińska 10, 41-516 Chorzów

NIP: 627 273 67 93 [www.mywam.eu](http://www.mywam.eu)

[complaint@mywam.pl](mailto:complaint@mywam.pl) / 730 790 665; 32 733 11 31

DATE OF COMPLAINT INVESTIGATION & SIGNATURE

(filled by manufacturer):