## Complaint form for claiming by the buyer

Seller/entrepreneur:
Business name: Peter Bočan – VIVIDO  Place of business: Račianska 13152/69B, 831 02 Bratislava – Nové Mesto  ID: 54 188 474
Registration: District Office Bratislava, trade register number 110-306693
(hereinafter referred to as "seller/entrepreneur")
Buyer:
First name, last name, title/ business name:
Address of residence/ registered office:
Contact with the buyer:
phone number:
email:
(hereinafter referred to as "buyer)
On day,month, year, as a buyer, I concluded a purchase contract for the goods specified below which I hereby claim from the seller stating the description of defects:  Order and invoice number:
Date of order:
Date of receipt of the goods:
Goods I claim (name and code):
Description and extent of defect of goods, subject of complaint:

As a buyer I require my complaint to be handled as follows:		
Please return the money to a bank accou	nt (IBAN)/otherwise:	
ATTACHMENT:		
In town,city	Date	
Signature of buyer		