

Reclamation form

Buyer

Name and surname:

Address:

Phone:

E-mail:

Seller

Ondřej Vašíček (www.cobishop.cz)

U Potoka 1185, 686 03 Staré Město

IČO: 06355421

Delivery address for sending the claimed goods

Cobishop.cz

náměstí Hrdinů 109, 686 03 Staré Město

Tel.: +420 608414154, E-mail: info@cobishop.cz

Claimed goods

Product designation:

Date of sale:

Invoice number:

Defect description:

Package content on delivery:

Preferred method of complaint handling:

☐ Repair

☐ Replacement

If it is not possible to repair or replace the goods,

please check the preferred method of handling the claim:

☐ Discount

☐ Contract withdrawal

I expect the complaint to be settled no later than within the period specified in the Business Terms and Conditions, on the condition that this period is shorter than or equal to the statutory period. In the event that the deadline for processing a complaint according to the previous sentence is not specified in the Terms and Conditions, then I expect the complaint to be processed within the statutory period of 30 calendar days at the latest.

At the same time, I ask you to issue a written confirmation of the application of the complaint stating when I exercised the right, what is the content of the complaint together with the selected claim, and then to issue a confirmation of the date and method of handling the complaint, including the duration of it.

Reclamation date:

Buyer signature: