

...../.....
(location) / (date)

GUARANTEE CLAIM FORM No*

Name of company filling the guarantee claim:

Address:

Contact person:

No.	Product name	Purchase document No	Quantity	Description of defect

.....
Signature of the person filling the form

*Filled in by the producer:

- Guarantee claim: accepted rejected accepted partly
- Replacement to a new model: MM No. (pol. Inter-warehouse Transfer Document No.)
- Replacement to a substitute:
- Correcting invoice No., Invoice No.
- Money refund: Correcting invoice No.

Attachment: yes no

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Signature of a person collecting the form

*Filled in by the producer

