ANNEX NO. 1 - DEFECT CLAIM FORM

Form for notifying a defect

You may use this form to make a defect claim concerning the Goods. Its use is not mandatory.

Addressee and address for sending the goods: Gauchitto s. r. o., Krížna 4085/20, 811 07 Bratislava – mestská časť Staré Mesto, Company ID No.: 57 340 951; e-mail: info@gauchitto.sk.

You may agree with Us in advance on the method of collection of the Goods subject to the defect claim.

First name and surname or business name: .....

Address and e-mail or other contact: .....

Order number: .....

Name and quantity of the Goods subject to the defect claim:
.....

Date of delivery of the Goods, if known: .....

Date the defect was discovered: .....

Description of the defect:
.....

.....

.....

Requested remedy: repair / replacement / price reduction / withdrawal from the Contract due to defects.

Selected method: .....

Note: The choice of a price reduction or withdrawal is assessed under the statutory conditions set out in Article 7 of the GTC. If You cannot determine the remedy, contact Us.

Supporting documents attached, if available: .....

Date: .....

Signature for a paper submission: .....

A handwritten signature is not required when submitting by e-mail.