

COMPLAINTS PROTOCOL

Print this form and attach the completed form to the device,
which you send for a complaint to the address:
AB-COM s.r.o., M. Razusa 4795/34, 955 01 Topolcany, Slovak Republic

Buyer information:

Name and surname:

Street and house number:

City and ZIP:

Country:

E-mail:

Phone:

Information about the claimed goods:

Order number:

Date of receipt of goods:

Fault description:

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