CARD EMPIRE

COMPLAINT FORM

Business Name: .....

Registered Office / Place of Business: .....

Company ID (IČO): .....

Registration: .....

Representation: .....

Tax ID / VAT ID: .....

Telephone Number / Email: .....

(hereinafter referred to as the "Business")

Name, Surname, Title: .....

Residential Address: .....

Telephone Number / Email: .....

(hereinafter referred to as the "Consumer")

I hereby file a complaint with CardEmpire, s.r.o., Company ID: 54 646 359, registered office: Námestie 1. mája 66/23, 903 01 Senec, Registration: Commercial Register of the District Court Bratislava I, Section: Sro, File No.: 162147/B, regarding the product(s) specified below with the described defect(s).

Order and Invoice Number: .....

Order Date: .....

Date of Receipt of Goods: .....

Product(s) being complained about (exact name and product code as per the offer):

.....

Detailed description and extent of the defect, subject of the complaint:

.....
.....

I request that my complaint be resolved in the following manner:

.....

In the case of the requested complaint resolution – refund of the purchase price:

I wish to have the money refunded to the following bank account:
.....

Attachments:
.....
.....

I hereby confirm the accuracy of the above information with my signature.

In ....., on .....,
Signature: .....