

FORM 2

CLAIM NO :				
Sender data				
Company name				
First and second name			_	
e-mail				
Phone no.				
Place of service (country/c	ty)			
Date of opening claim				
DANE REKLAMOWANEGO URZĄDZENIA / CZĘŚCI				
Description of claim (failur	e, defects, reason of	claim)		
Type of module		Serial number		
Invoice no				
Date of start-up		Date of claim		

Attachments: Photos, start-up confirmation



FORM 2

PLACE OF INSTALLATION/				
Name of place				
Address				
Contact person				
E-mail				
Phone				
PLACE of sending spare parts				
Name of place				
Address				
Contact person				
E-mail				
Phone				
We hereby declare that in the event of an unjustified complaint, the legitimacy of which could not be determined previously, on the basis of the complaint, without the presence of the Systema Polska Sp. z o.o. in the place of installation of the devices, the applicant is obliged to pay the costs in accordance with a written service protocol prepared by the seller's service. Moreover, sender is obligated to send back the damaged spare parts during 30 days after registered the claim. Otherwise Systema has a right to send the invoice for delivered spare parts in place of previous one, with payment condition 14 days.				
date		signature of sender		