THE COMPLETED FORM SHOULD BE ATTACHED TO THE PACKAGE. THE PACKAGE MUST BE MARKED WITH THE WORDS "COMPLAINT".

**THE COMPLAINT NUMBER*......................../..............***

DECLARANT: ( Company name, address , contact person, phone number, email ) \*

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1. Purchase date and Invoice No\* ............................................................................................................

2. Part name, serial number (in the case of a turbocharger)\*.........................................

…………………………………………………………………………………………………….. quantity (pcs/set) ………………..

3. The brand and model of the vehicle\* .............................................................................................................

4. Chassis number \* ...............................................................................................................................

5. Engine type and number\*..............................................................................................................................

6. Date of assembly of the part\* .................................................. Meter reading\* .......................................

7. Date of dismantling parts\* .............................................. Meter reading\* .......................................

1. Who assembled the part \*

Car user

Car repair shop

(name workshop, stamp))

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1. Who dismantled the part \*

Car user

Car repair shop

((name workshop, stamp)



.................................................................................................................................................................... 10. Cause of complaint, description of defect\* .........................................................................................................

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………………………………………………………………………………………………………………………………………………………………….

11. Claimant's requests (repair / replacement)\* ......................................................................................

12. The notification was accepted on ........................................

# SIGNED DOCUMENT CONFIRMS AGREE TO DESTRUCTIVE TEST OF THE PRODUCT (IF NECESSARY) WITH THE AIM TO DETERMINE THE CAUSE OF THE COMPLAINT.

……………………………………………… ……………………………………………… RECIPIENT DECLARANT

 (legible signature) (legible signature)

\*- requiered fields. Lack of an entry may result in the suspension of the processing of a complaint