# CLAIM / COMPLAINT FORM

*(Form for exercising rights from liability for defects / statutory warranty)*

## 1. SELLER (ADDRESSEE)

**Trade Name:** Peter Haratík

**Seat / Address:** Šikuru 76, 036 01 Martin, Slovakia

**E-mail:** regesport@regesport.eu

## 2. BUYER INFORMATION (CONSUMER)

**First and Last Name:**

**Address:**

**E-mail / Phone:**

## 3. INFORMATION ON THE CLAIMED GOODS

**Product Name / Item:**

**Order / Invoice No.:**

**Date of Purchase:**

## 4. DESCRIPTION OF THE DEFECT (WHAT EXACTLY IS WRONG WITH THE PRODUCT?)

*(If the claim is submitted due to damaged transport packaging, please attach a damage protocol template from the courier if available.)*

## 5. PROPOSED METHOD OF CLAIM RESOLUTION (BUYER'S CHOICE)

In accordance with Act No. 108/2024 Coll., please select the preferred remedy:

- ☐ **Product Repair** (Primary remedy)
- ☐ **Product Replacement** for a new item (Primary remedy)
- ☐ **Reasonable Price Reduction** from the purchase price (Secondary remedy)
- ☐ **Withdrawal from Contract** (Full refund) – only applicable under statutory conditions (Secondary remedy)

## 6. BANK ACCOUNT FOR REFUNDS (IF PRICE REDUCTION OR WITHDRAWAL IS APPLIED)

**IBAN:**

## 7. SELLER'S DECLARATION (TO BE COMPLETED BY PETER HARATÍK)

| | |
|---|---|
| **Date of Claim Receipt:** | |
| **Condition of Goods upon Receipt:** | |
| **Resolution Deadline:** | Max. 30 days from the date of claim receipt |

**Seller's Signature / Stamp**

**Buyer's Signature**