**Claim protocol**In case you want to claim goods bought from us, please fulfill the protocol and send it to us through e-mail. In case, that your claim does not include points below, please fullfil these points again. Without these informations we will be not able to solve your claim in the shortest possible time. These informations are important for us to objectively consider claim and of course to your satisfaction.

**Seller:** Miroslav Gacík – MYSTIQUE s.r.o., Štefaniková štvrť 534/16, 02401 Kysucké Nové Mesto;
Id. Nr.: 46797416; Branch office: Kukučínova 4, 02401 Kys. N. Mesto, info@mystique-dummy.sk, +42141433999 **Buyer(**Name of your company**):** ....................................................................................................................

**Subject of the claim**(code of product, name of product, invoice number, date of purchase, photo or video of damage) ..........................................................................................................................................................
.......................................................................................................................................................................

**Description of claim**: .....................................................................................................................................
................................................................................................................................................................................................................................................................................................................................................

**When does the damage occured?** ................................................................................................................
........................................................................................................................................................................

**How does the damage happened?** ...............................................................................................................
........................................................................................................................................................................

**Does the damage occured once?** ..................................................................................................................
........................................................................................................................................................................

**Was the product used also when it was damaged before?**..........................................................................
........................................................................................................................................................................

**Date**: ............................................. ......................................................
 **Signature of buyer**(company)