



COMPLAINT FORM



TO BE COMPLETED BY THE WARRANTY BENEFICIARY, SECTIONS 1-3

1. Warranty Beneficiary's details

- i** Name of the Warranty Beneficiary, contact details (phone, e-mail).

2. Subject of the warranty

- i** Product name and index / quantity.

Store where the purchase was made

- i** Name and address of the entity that is a party to the sales contract with the Warranty Beneficiary.

MP label number

- i** The MP label is usually located inside the furniture carcass.

Proof of purchase and date

- i** Receipt, invoice, or other document confirming the purchase at the indicated store.

Complaint number (if assigned)

3. Circumstances of the notification

Description of the defect covered by the warranty claim

- i** Please provide as precise a description as possible and, where possible, attach photographic documentation.

Additional remarks



TO BE COMPLETED BY THE DEFTRANS COMPLAINTS DEPARTMENT, AFTER THE DECISION IS MADE

4. Method of remedying the defect

i The choice is made by DEFTRANS, not by the Warranty Beneficiary.

DEFTRANS decision

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repair

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replacement with new goods

Standard DEFTRANS warranty period

i The standard DEFTRANS warranty period is **24 months from the date the goods are delivered**. In the event of replacement with new goods or a material repair, this period runs anew from the date the defect-free or repaired goods are delivered. In all other cases, the 24-month period is extended accordingly by the time during which the Warranty Beneficiary was unable to use the goods due to the defect covered by the claim.

Assessment of whether the claim is justified

i If the complaint is unjustified, the costs of handling it are borne by the Warranty Beneficiary.

5. Handling of the complaint

i Completed by DEFTRANS (Complaints Department) after the claim has been reviewed.

DEFTRANS decision

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complaint accepted

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complaint rejected

Date of decision (no later than 14 business days from the notification): _____

Date issued:

Signature: