



COMPLAINT FORM

ARM ROBERT MACZYNSKI Sp. z o.o.  
Usługowa 17, 15-521 Zascianki  
Poland  
e-mail: shop@rmdbike.com

Complaint description

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- Date of purchase/ Order number.....

- Consumer's name .....

- Consumer's address .....

Please mark the appropriate point:

1. Damage repair

2. New same model

3. Reimbursement of purchase costs \*  \*) only in cases where: - repair or replacement is impossible or requires excessive costs. Please refund to my bank account number.....

- the seller did not replace the item with a new one or did not repair the item in a timely manner,
- replacement or repair would expose the advertiser to significant inconvenience

Date .....

Consumer's signature .....  
(Only if the content of this form is provided in paper form)

I agree complaint decision will be sent to the e-mail address indicated in the Complaint Form.

(\*) Delete what is not applicable