Adrial d.o.o. Pod kostanji 6 1218 Komenda Slovenia info@crulle.com



COMPLAINT FORM/CLAIM FOR MATERIAL DEFFECT

Order number:			
Invoice number:			
Return date:			
CUSTOMER			
E-mail:			
Bank Account Number fo	or the refund:		
ITEM			
Item name	Quantity	Lot number (only for spectacle lenses)	Complaint reason
		-	
		- -	
		_	
I WOULD LIKE TO CLAIN	M A MATERIAL DE	FECT AND RECEIVE (Che	-k)·
		ii LOT / III D REGERVE (ONC)	
☐ Item replacement			
Refund			
Partial refund in propo			
Repair of defective iter	m		
The items must be returned	by pact to the addre	cc: Adrial d a a Dad kastanii	C 1219 Kamanda Clavania
The items must be returned	by post to the addre	ss: Adrial d.o.o., Pod kostanji	o, 1210 Rumenda, Stovenia
Detailed instructions on how to clai	im material defects are giv	ren in the General Terms and Condition	ns.
package containing the item. If you	are submitting a complain		mplaint, please include this form and a copy of the invoice to the please include a copy of the latest prescription. The spectacle ution.
	to the processing of pers	onal data and on the free movement o	2016/679 of the European Parliament and of the Council on the of such data and repealing Directive 95/46/EC and in accordance
Date:		Customer	signature: