

COMPLAINT FORM/CLAIM FOR MATERIAL DEFFECT

Order number:		
Invoice number:		
Return date:		
CUSTOMER		
Name and surname:		
Addross [.]		

ldress:
stal code and post office:
one:
mail:
nk Account Number for the refund:

ITEM

Item name	Quantity	Lot number (only for spectacle lenses)	Complaint reason

I WOULD LIKE TO CLAIM A MATERIAL DEFECT AND RECEIVE (Check):

- Item replacement
- Refund
- Partial refund in proportion to the defect
- Repair of defective item

The items must be returned by post to the address: Adrial d.o.o., Ljubljanska cesta 45, 1241 Kamnik, Slovenia

Detailed instructions on how to claim material defects are given in the General Terms and Conditions.

Complaints must be submitted within 60 days after the receipt of goods. When submitting your complaint, please include this form and a copy of the invoice to the package containing the item. If you are submitting a complaint for spectacle lenses or eyeglasses, please include a copy of the latest prescription. The spectacle lenses, for which you are submitting a complaint, must be sent in a lens holder filled with fresh solution.

The company Adrial d. o. o. will process your personal data in accordance with the EU Regulation 2016/679 of the European Parliament and of the Council on the protection of individuals with regard to the processing of personal data and on the free movement of such data and repealing Directive 95/46/EC and in accordance with privacy policy, exclusively for the purpose for which they were submitted.

Date: _____

Customer signature: