# CLAIM FORM

Claimant:
[Full Name]
[Address]
[Phone Number]
[E-mail]

Seller:
Jan Kuběnka
Dukelská 2791/8a, Cheb 350 02

Date of Submission:
[Date]

Subject of Complaint:
[Description of product/service]
[Order number or invoice number]

Description of Defect:
[Detailed description of the defect or issue]

Requested Solution:
[Requested action, e.g. replacement, repair, refund]

Attachments:
[List of attached documents, e.g. invoice, photos of the defect]

In [City], on [Date].

Kind regards,
[Signature]
[Name of Claimant]