# 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]