Česká pošta

M Annex No. 3 to the Business Terms and Conditions

Claim form – Annual National Orders

Česká pošta, s.p., Praha 1, Politických vězňů 909/4
Služby filatelistům
Nákladní 925/29
360 10 Karlovy Vary
Tel.: +420 954 400 597, e-mail: filatelie.kv@cpost.cz

Claim form

I/We(*) inform you that I/we want to file a defective product claim for products delivered under the contract for sale of these products:

Order form dated: .....
Reason for claim:
.....

Method of compensation:

Return of payment for the defective products ☐ / **Delivery of perfect products** ☐

The Buyer (to be completed by the Buyer - the sections in bold frame are obligatory details):

Surname (or business name of legal entity):

Name (or surname, name and title of representative of legal entity):

Residential address, registered office:

Street, house No.:																						
													Postcode:									
Company reg. No. (IČ):								VAT No. (DIČ)														

Contact:

Phone:																						
E-mail adress:																						

In ..... on ....

Signature of the Buyer

(signature only if this form is sent in paper form)

Zapsaný v Obchodním rejstříku u Městského soudu v Praze, spisová značka A7565 www.ceskaposta.cz