Annex No. 2 to the General Terms and Conditions

DEFECT NOTIFICATION FORM

(COMPLAINT FORM)

Use this form only if the Goods are defective. If you wish to return the Goods within 14 days without giving a reason, use the withdrawal form.

SELLER / MERCHANT

Company name:	MichaelaStore, s.r.o.
Registered office:	Chotčanská 85/1, 091 01 Stropkov
Company ID No.:	54985811
Tax ID No.:	2121835837
VAT ID No.:	SK2121835837
Contact details (telephone / email):	+421 915 123 611, michaelastore.sk@gmail.com

Address for returning the Goods: MichaelaStore, Hrnčiarska 34B, 091 01 Stropkov

BUYER

Full name / Company name .....

Residential address / Registered office .....

Telephone / Email .....

TO BE COMPLETED BY A BUSINESS CUSTOMER

Company ID / Registration number .....

Tax ID .....

VAT ID .....

I HEREBY NOTIFY THE FOLLOWING DEFECT IN THE GOODS

Name of the defective Goods .....

Order date / Date received .....

DESCRIPTION OF THE DEFECT

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DEFECT NOTIFICATION FORM

REQUESTED REMEDY

☐ repair of the Goods

☐ replacement of the defective Goods

☐ reduction of the Purchase Price

☐ withdrawal from the agreement (refund)

Bank account number (IBAN) .....

Address for returning the Goods: MichaelaStore, Hrnčiarska 34B, 091 01 Stropkov

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Place	Date	Buyer's signature