



## GOODS EXCHANGE/ RETURNS/ CLAIM FORM

Invoice No./

Date ordered/

RETURNS ADDRESS/  
Martina Prokopova  
Pokorného 866/19  
198 00 Prague, CZ

BUYER'S NAME AND ADDRESS/

### GOODS EXCHANGE/ RETURNS/ CLAIM PROCEDURE:

1. Complete this form and send it together with a copy of the invoice and goods to the returns address above.
2. If exchanging/ returning goods, they must be complete and show no signs of wearing.
3. Postage must be paid by the buyer. C.O.D. delivery will be not accepted.

Goods name/	Size/	Number of items/

Reason for return/ claim

### REQUESTED METHOD OF SATISFACTION:

- goods exchange
- money back to IBAN:

SWIFT:

Date/

Signature/

**TO BE COMPLETED BY VENDOR**  
Method/  
  
Date/