## Claim form



Name				•
& surname				
Address				
E-mail	Phone number		Bank account nur	nber
Name of product		Order number		Date of purchase
	······································			
Description of the defect				
Handling method (check preffered option)				
0	0	0		0
Repair of product	Exchange of product	Discount		rithdrawal the contract
In case of a claim, please fill your claim, we will contact you packaged goods to the address A 24month guarantee period	u. If the claim is acknowledged ess indicated on the form.	d, please send the print	ed Claim Form alor	ng with the properly
damaged by normal wear and We will process your claim wi	d tear or improper by unprofe	ssional handling.		5 500d3 Have been

Your signature and date

All returns should be posted to:
Little Saturday
Monika Sobotková,
U Rajské zahrady 2, 130 00, Prague
Czech Republic