

CLAIM FORM

DATE:

First name and surname:	
Applicant's address:	
Phone number:	
E-mail:	
Tax ID (if you are a company):	
Purchase date:	
Claim date:	
Order, receipt or invoice number:	
In case of a partial claim, item number from the order, invoice or receipt and number of items:	
Reason for submitting a claim: (description of the fault, defects)	
When the defect was found: (e.g. during use, before use, etc.)	
How would you like to process your claim:	
Is the original or a copy of the invoice or receipt attached:	Yes / No

I have read the Term and Conditions of the
ANUI-JEWELRY.COM online store and return policy

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SIGNATURE