C O M P L A I N T F O R M

(Please complete this form and send it back only if you wish to make a complaint about goods within the statutory period. The form must be printed, signed, and sent scanned to the email address below, or enclosed with the returned goods).

Addressee (Seller)
Online store: www.saynomore.cz
Name: Barbora Lukašević
Registered office: Černokostelecká 2016/85, Prague, 10000
Company ID No.: 03444708
Email address: info@saynomore.cz
Phone number: +420 721 049 895

Consumer

Full name: _____

Address: _____

Phone: _____

Email address: _____

Order number: _____

Reason for complaint:

Preferred method of resolving the complaint (select one option):

- ☐ Refund to bank account number: _____
- ☐ Exchange for other goods of the same value
- ☐ Issue of a discount voucher of the same value for a future purchase

At _____ on _____ _____
consumer's signature