

COMPLAINT FORM

Name, Surname / Company name:

Date:

Address:

E-mail:

Phone No.:

Name and Surname of Representative, the basis of representation:

The ground of complaint and request:

Annexes:

1. _____
2. Power of attorney (if the complaint is provided by representative).

I wish to receive response (please choose one of the methods):

by mail;

by email.

Signature

Name, Surname