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| Beauty Lux Sp. Z o.o.  Ul. Piękna 68  00-672 Warszawa  NIP:7010430154 | FORMULARZ ZGŁOSZENIA REKLAMACJI |

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| 1. Zgłoszony problem – opis   ....................................................................................................................................................................................... ....................................................................................................................................................................................... ....................................................................................................................................................................................... ....................................................................................................................................................................................... ............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................... |
| 2. Uczestnik szkolenia (imię, nazwisko, adres, telefon, e-mail) lub zlecający szkolenie (dane firmy w przypadku szkoleń zamkniętych)  ........................................................................................................................................................................................ ................................................................................................................................................................................................................................................................................................................................................................................ |
| 3. Nazwa, data i miejsce szkolenia  ........................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................ |
| 4. Proponowana forma rekompensaty (zgodnie z pkt. 4 procedury reklamacji)  ........................................................................................................................................................................................ ................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................ ........................................................................................................................................................................................ ........................................................................................................................................................................................ |
| Miejscowość …………………………………………… Data ………………………………..… Podpis…………………………………………..…………. |

Zatwierdził formularz  
Krzysztof Jarosz   
04.09.2017