|  |  |
| --- | --- |
| Beauty Lux Sp. Z o.o.Ul. Piękna 6800-672 WarszawaNIP:7010430154 | FORMULARZ ZGŁOSZENIA REKLAMACJI |

|  |
| --- |
| 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