

Returns Form for Faulty Goods

To: Univectra d.o.o. Orehovlje 2A 5291 Miren Slovenia	Contacts +386 59 344 405 info@ambicomfort.com
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Order Number		Order Date	
Receipt Number		Receipt Date	

Name of consumer	
Address of consumer	
Email	
Phone	

Detailed description of the nature of the fault:

The content of the returned package (the returned products must be complete with all accessories):

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If the fault is confirmed (check your choice):

☐ I request the reimbursement to be transferred to the following account number:

☐ I request the replacement with the same product

☐ I request to solve the fault

Date	Signature of consumer
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