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**Complaint form**  
Please fill in the form legibly

**CUSTOMER DATA:**

First and last name: .....  
Address: .....  
e-mail: .....  
tel. ....  
Bank account number.....

**SUBJECT OF EXCHANGE:**

Date of purchase.....  
Product name.....  
Order number.....

**DESCRIPTION**

.....  
.....  
.....  
When the defects were found.....

**CLAIMER'S REQUEST:**

replacement of the item with a new one \*, repair of the defect \*, return to the account.  
(delete as appropriate)

\* if you choose this option, please provide your shipping address

Please place the completed form with the attached invoice (if it was issued) inside the return package and send it to the following address:

Noble Lashes  
Nowowiejska 33  
32-300 Olkusz

Please put a note **COMPLAINT** on the package

1. We do not accept shipments paid on delivery.
2. The goods should be carefully secured so that the contents and packaging are not damaged during transport. Product damaged in transport is not subject to complaint.
3. The cost of returning the goods is covered by the customer, while the cost of re-shipping is borne by the store.

.....  
(legible signature of the client)