

Page 1/ 2 must be filled and signed by client's responsible person

<b>Client:</b>	
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<b>Client's responsible person:</b>	
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<b>Date:</b>	
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<b>Client's claim Nr: / by client</b>	
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<b>Short description:</b>	
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<b>Product :</b>	<b>Type:</b>	<b>Serie Nr. of damper:</b>

<b>Date of order:</b>	
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**Stamp:**

**Signature:**

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Claim Nr: by Mandík	
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**MANDÍK®**

Claimed product received on: Date and person:	
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Description of the status of received products:		please select and describe briefly status of the delivered products: like perfect/ damaged/ complete/ dirty/ complete <b>Note: !make a picture of each received products!!! fotku každého vráceného výr.!</b>
Product Nr.	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	

Control of each claimed products:		
Popis zjištění a závěr	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	

Name of controlling person Jméno pracovníka kontroly		Signature Podpis
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Date of control Datum kontroly	
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Name of responsible person Jméno osoby odpovědné za vyřešení reklamace		Signature Podpis
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