

CLAIM FORM

No claim of warranty is valid without an attached claim form. The form must be completed correctly and sent to sales@griffing.si.

Business Name of customer:

Name and surname: _____

Telephone number: _____

E-mail: _____

Date of purchase of the product for which the claim is being made: _____

Invoice number: _____

Order number: _____

Name or code of the product for which the claim is being made:

Date on which the defect was discovered:

1. Have you followed the installation instructions for our products?

YES NO

2. Have you provided the customer with care and maintenance instructions?

YES NO

3. Has the customer followed the care and maintenance instructions?

YES NO

4. Has the front door with handle already been installed on location?

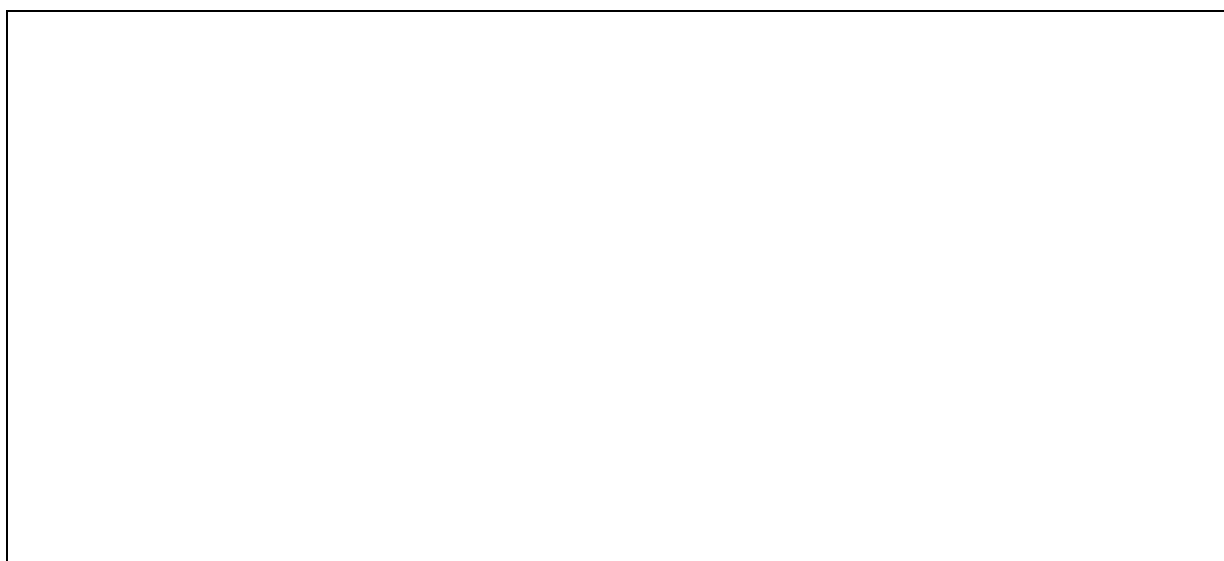
YES NO

5. Please provide the address where the door with the handle was installed.

Only fill out if the door has already been installed on a building.

6. A description of damage or defect that is the basis for this claim (where and how it occurred, what went wrong, when did you notice the defect):

7. Please attach photographs showing the damage or defect.



8. In the event that the warranty is valid according to the terms of the warranty, I would like to:

- Exchange the product for a product of the same kind
- Repair of the defect

Date and place: _____

Signature and stamp of the buyer:

Addressee:

Griffing, d. o. o.
Rakitnica 41
1331 Dolenja vas