

## CLAIM FORM

Order number

### 1. Company data

Name \*

\* = required field

TAX ID \*

Company adress (street, block / suite no., postal code, city) \*

Shipping address - skip if it is the same as the company address

Personal collection of device

### Contact person data

Name \*

Surname \*

Phone \*

E-mail \*

### 2. Device description

Model

Serial no.

Number of the warranty seal

### 3. Fault description

Bried description of the fault

Error codes/information displayed on screens (if applicable)

I hereby give consent for my personal data to be processed to an extent necessary for the purposes of processing my claim by RGB Elektronika Spółka z ograniczoną odpowiedzialnością with its registered office in Wrocław pursuant to the Act of August 29 1997 on personal data protection (Journal of Laws of 1997, no. 133, item 883 as amended).

#### Address for shipping the complained device:

RGB Elektronika Spółka z ograniczoną odpowiedzialnością  
ul. 2 Jana Długosza, 51-162 Wrocław, Poland, bud. 7

#### Collection of the device for complaint:

E-mail: [biuro@rgbelektronika.pl](mailto:biuro@rgbelektronika.pl)  
Working hours: Mon - Fri 7:00 AM - 4:00 PM