**ANNEX NO. 1 - CLAIM FORM**

**Recipient:** MetalPlast Lipník n. B. a.s., Seminárka 109, 751 31 Lipník nad Bečvou .

**Making a Claim**

| | |
|---|---|
| Date of conclusion of the Agreement: | |
| First name and surname: | |
| Address: | |
| E-mail address: | |
| Goods being claimed: | |
| Description of defects of the Goods: | |
| Proposed method for claim settlement: | |

I also request the issuance of a confirmation of the claim submission, stating when I exercised this right, what the content of the claim is, and what method of claim settlement I require, along with my contact details for the purpose of providing information about the settlement of the claim.

Date:

Signature: