



The return form

The complaint should be sent to:

Frogman s.r.o.
ID 9494
Rybníky IV 738
760 01 Zlín
Czech republic

Please complete the following information to process your request:

Name and
surname*:.....

Address
*:.....

Telephone
number*:.....

Email:.....

Account number for refund +IBAN :

.....

Products for complaint:

Nr.	Claimed Goods (Name)	Number of	Preferred way to handle complaints
1.			
2.			
3.			
4.			
5.			

Description of the claim:

.....

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.....

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Preferred way of claiming a claim (just enter the table number of the item):

- 1. **Send new goods**
- 2. **Repair of goods**
- 3. **Returning money**

Date*:

Signature*: