

Protocol no.	
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Scandinavian Handles by MoodNook Sp. z o. o. with registered office in Gdańsk Równa 19D, 80-067 Poland NIP 5842791217

Vendor's company stamp

PROTOCOL OF RETURN / COMPLAINT OF GOODS

Order number:		
Customer details:		
Bank account number:		
Date of sale:		
Receipt / Invoice No:		
Returned products:	Product name:	Quantity
Value of returned products:		
Description of the reason and circumstances for the return/complaint:		
Note: Each return / complaint must be accompanied by a photocopy or the original sales document.		
Date and signature of person making the return/complaint		
Date of acceptance of return / complaint:		
Date of return of funds:		
Method of return:		