



**Please, select, how you want us to proceed with your claim:**

- A) repair of defects and return of the goods
- B) exchange of goods for the same without defects
- C) exchange of goods for a different goods of the same value - attach a separate list of goods that you want to receive as a replacement
- D) exchange of the goods for a different goods of a different value - attach a separate list of goods that you want to receive as a replacement. The additional payment can be made by a wire transfer or card payment via GP payment gateway. Kindly agree on the payment method with our eshop staff first. They can be reached at [info@dobeado.com](mailto:info@dobeado.com) or on the phone number: +420604845737

**I prefer below ticked option:**

- A)                       B)                       C)                       D)

**Consumer identification information:**

Please, state your first and last name, and the same address as you provided in your order.

**Consumer contact details:**

Let us know the phone number or email, where you can be reached by our eshop staff.

**Date:**

Please, state the date of the dispatch of the goods and form.

Your signature: \_\_\_\_\_

Thank you, your  team