**CLAIM FORM**

**MASANTA s.r.o.**  Order number:

Dolnocholupická 915/65

106 00 Prague 10

Czech Republic

IČ:25730533 DIČ: CZ 25730533 Invoice number:

Exclusive distributor of:  
GOOD MASK.s.r.o.

info@goodmask.org

**Claimant identification:**

Name and surname:

Address:

City:

Postcode:

Phone:

e-mail:

**Products subject to the claim:**

**Reasons for the claim:**

**I request:**

An integral part of the letter of claims should be a copy of the proof of purchase of the goods being claimed. All claims are processed in accordance with the relevant provisions of the Civil Code.

Date and signature: