

**Adress:**  
**BELS cz**  
**Černoleská 482**  
**256 01 Benešov**  
**+420 317 725 060**  
[benesov@bels.cz](mailto:benesov@bels.cz)

## Complaint Form

(Must be filled out completely and legibly)

Invoice Number (attach copy of invoice)	
Invoice Date	Complaint Date
Name, Surname	
Adress	
Phone Number	E-Mail
Product	Serial Number

Explanation of Failure
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Accessories Included
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Signature: .....

By signing this complaint form, the customer confirms that he / she has familiarized himself / herself with the complaint procedure, which is stated on the supplier's website under the terms and conditions and that they agree with it.