

APPENDIX 1 - COMPLAINT FORM

Please, complete and send this form only if you want to lodge a complaint concerning the goods.

To: **sway Sports & Health GmbH**

Aufeldgasse 66, 3400 Klosterneuburg, Austria, Reg. No.: FN 526072 k, Tax No.: 07377/7526, VAT No.: ATU75122056, District Court: Landesgericht Korneuburg, Trade authority: Bezirkshauptmannschaft Tulln, email: claims@bluemask.eu

Hereby I announce that I am lodging a complaint about the goods ordered by means of the e-shop at <https://www.bluemask.eu>:

..... quantity

..... quantity

..... quantity

Name and surname:

Address:

Telephone:

E-mail:

Account number for financial settlement:

Store receipt number:

Order number:

Date of sale:

Defect description:

.....

Preferred method of settlement of the complaint:

Repair*

Replacement*

Reimbursement of purchase price*

*[Delete as appropriate]

Description of claimant:

Date: