

Claim Form

Please fill in and send this form only if you wish to claim the goods.

Please do not send the package COD, it will not be accepted. Shipping costs are borne by the buyer.

Please send the goods to:

KiIDS.SHOP
Tusicka Nova Ves 164
072 02
Slovak Republic
E-mail: info@kiids.shop
Tel: +421 918 265 164

The following must be included in the shipment:

- Goods
- The completed form below

I hereby give notice that I am claiming these goods:**Order number:** _____**Date ordered / Date received:** _____**Name / Business Name:** _____**Buyer's address:** _____**Phone:** _____**E-mail:** _____**Name of goods items:**

Description of the defect:

Date:**Buyer's signature:**
(only if this form is submitted in paper form)