**Appendix 1**

COMPLAINT FORM

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

To: **FIRST FOOD PRODUCTION s.r.o.**

Vajnorská 100/A, 831 04 Bratislava – Nové Mesto District, Slovak Republic, Reg. No.: 50 308 734, Tax No.: 2120268766, VAT No.: SK2120268766, registered in the Commercial Register of Bratislava I District Court, Section: Sro, File No.: 111026/B, email: claims@redoco.com

Hereby I announce that I am lodging a complaint about the goods ordered by means of the e-shop at https://www.eshop.redcoco.com:

................................................................................................ 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: ..................................