



PULLER COMPLAINT FORM

Place:..... Date:.....

CLAIMER:

First name and last name:

.....

Phone number and address:

.....

SELLER:

(Seller's stamp)

Puller catalogue No.:	
Purchase date:	
Purchase document No.:	

Vehicle data on which the tool was used:

Car make:	
Car model:	
Car production year:	

Name of part that had to be replaced (OEM No. or producer's No.):

Part installer/dissassembler:

☐ Car owner ☐ Workshop

Workshop's name:

When the fault was detected:

☐ During install ☐ During dissassembly ☐ At another moment

When?

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Claim reason – a detailed description of a fault

Expected claim resolution:

☐

New tool

☐

Refund

Consent to the processing of personal data:

☐

I agree to the processing of my personal data in the scope given in the form by TEDGUM PSA in order to consider a claim. I make the data available voluntarily, I have the right to access my data and correct it, as well as to stop processing it.

The personal data administrator is TEDGUM PSA, Zabrzeńska 22, 41-708 Ruda Śląska, Phone no. +48 32 240 15 43, e-mail: tedgum@tedgum.pl, NIP: 641-256-03-32.

Hints:

- **A copy of a purchase document must be included in complaint form!**
- Returns without a properly completed form will not be considered. All fields must be filled in unless the matter does not apply to them.
- Lack of consent to the processing of personal data will make it impossible to consider the return.

Claimer's signature