



COMPLAINT FORM

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From No.

Form Receiver

Mr. Li Xiung

Date:

Customer/Company name:

Contact number:

Address:

PLACE FOR STAMP OR COMPANY DETAILS

No.	Product	Q'ty	Defects Description	Lot. No
1				
2				
3				
4				
5				
6				
7				
8				

Customer signature:

Complaint receiver signature

We would be grateful if you could provide the detailed defects description, which is very effective in identifying the cause of the defect.

We will provide you with a positive response to the defectives based on declaration of warranty and please attached proof copy of invoice.

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