**Guarantee claim/post guarantee claim /Technical assistance required**

**(tick as appropriate)**

Please fill in the fields below and send the form (together with your photos and videos) by email:

**service@infimed.pl**

Please send photos/videos up to 10GB in total with your complaint to the following e-mail address: **service@infimed.pl**

If the photos/videos total more than 10 MB, please send your complaint by e-mail to address: **service@infimed.p**l ,  and send the photos/videos together with your e-mail address to WhatsApp: +48 696-910-453 (Service Manager Karol Sadlik)

**Date of complain/issue report/technical support request**

……………………………………………………………………………………………………………………………………………………………

**Name and type of product**

……………………………………………………………………………………………………………………………………………………………

**Serial number(if possible)**

……………………………………………………………………………………………………………………………………………………………

**Subject to guarantee – YES/NO**

…………………………………………………………………………………………………………………………………………………………….

**Purchase date and/or invoice number**

…………………………………………………………………………………………………………………………………………………………….

**Applicant (country, name of distributor, name of the applicant)**

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**The applicant's telephone number and e-mail address**

……………………………………………………………………………………………………………………………………………………………………………………

**Location of the product covered by the notification - country/city/name of the establishment (in the case of panel building, name of the project/hospital)**

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Short description of the problem(time of occurrence,duration,description)**

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

**Applicant's signature**

…………………………………………………