



## COMPLAINT FORM

**Addresser:**

Feel confident s.r.o., Lenka Tekeljaková  
Miletičova 60, 821 08 Bratislava, Slovakia  
Phone: +421 914 193 798, info@loreenstore.com

**Purchaser:**

Name and surname:

Address:

Phone : e-mail:

Account number, IBAN:

**Seller:**

Feel confident s.r.o., Lenka Tekeljaková  
Miletičova 60; 821 08 Bratislava, Slovakia  
CIN: 55280269, VAT: 2121937708  
Business register: Bratislava I., Section: Sro, Insert No .: 167702/B  
Phone: +421 914 193 798, info@loreenstore.com

Order / invoice number:

Date of delivery of goods:

Product:

Description of the defect on the goods:

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Consumer's signature and date