



V.Z.V. směnárna a.s.

1. máje 239, 463 34 Hrádek nad Nisou, IČ: 25041151, DIČ: CZ 25041151

Reclamation Form

This Reclamation Form deals with the rights of clients of V.Z.V. směnárna a.s. establishments, located at 1.máje 239, 463 34 Hrádek nad Nisou, hereinafter referred to as the „Exchange office“, pursuant to the Consumer Protection Act no. 634/1992 Coll. as amended by later regulations.

Subject of reclamation

- Client's identification, i.e. the name, surname and the address, corporate entities and personal entities state their trade name, business identification number, address/residence including the identification data of the person submitting the claim on their behalf

- Client's contact information, i.e. the telephone number or the e-mail address

- The exact description of the case issue of fact and determination of facts regarded by the client as incorrect action of the Exchange office (e.g. determination of the exchange operation, date, name of the employee performing the exchange etc.)

- Supporting reference material (copy of the conversion note)

Conversion note no. _____ dated _____

- Description of client's requests and entitlements claimed the Exchange office

By signing the Client confirms that the information given in the Reclamation Form is complete and true.

Signature of client

Acknowledgement of receipt

Name and address of the establishment : _____

Name and surname of the Exchange office employee: _____

Date and time of the Reclamation form acceptance: _____ Number of documents attached: _____

Expected claim processing time: _____

Signature and stamp of the Exchange office employee