Returns & Warranty Claim Form

You can complete this form on your computer or print it and fill it in by hand.

Customer name

Phone number

E-mail

Order or invoice number

Request type (please tick)

☐ **Return within 30 days** ☐ **Warranty claim**

Preferred resolution

☐ Refund ☐ Exchange for another product

Bank account number (for refunds)

Description of the defect / Notes

Please enclose the completed form with your parcel.

Refunds are processed within 7 days after we receive and inspect the returned goods.

Returns address:
UNIMAGNET s.r.o., Na Padesátníku I, 161 00 Praha 6, Czech Republic, tel.: +420 777 330 004, obchod@unimagnet.cz