

COMPLAINT FORM

In accordance with what is agreed in the Royal Legislative Decree 1/2007, November 16th, which approves the revised text of the General Law for the Defense of Consumers and Users and other complementary laws.

**LABAZIDAGAP, S.L.
PASEO ERETA, 5 BAJO
31300 TAFALLA**

DISCLAIMER PERSONAL DATA:

FIRST NAME:

LAST NAME:

N.I.F./C.I.F or N.I.E:

ADDRESS:

EMAIL:

PHONE.:

COUNTRY:

CITY AND POSTAL CODE:

Any notification related to this claim must be send to the following address / email:

EXPLANATION OF THE FACTS BY WHICH THE PRESENT CLAIM IS INTERVENED:

PRETENSION:

ADDITIONAL DOCUMENTATION OR FACTS:

DATE:

SIGNATURE: