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| **Reklamačný protokol** | | | | | | | | |  | | --- | | **Predávajúci** | | Slovamed s.r.o. | | Malá 543/7 | | 931 01 Šamorín | | IČO: 46829954 | | IČ DPH: SK2023605573 | | Telefón: 0915 11 77 55 | | E-mail: office@slovamed.sk | | [www.slovamed.sk](http://www.slovamed.sk/) | |  |
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| **Kupujúci** | | |  |  |  |  |  |  |  |
| Meno / Obchodné meno: | |  | |  |  |  |  |  |  |
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| Ulica a číslo: | |  | |  |  |  |  |  |  |
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| PSČ, Mesto: | |  | |  |  |  |  |  |  |
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| E-mail: | |  | |  |  |  |  |  |  |
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| Telefón: | |  | |  |  |  |  |  |  |
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| Týmto reklamujem dole uvedený tovar s popisom vady. Zároveň žiadam o zaslanie oznámenia o výsledku reklamácie v zákonnej lehote 30 dní. | | | | | | | | | |
|  |  |  | |  |  |  |  |  |  |
| Dátum kúpy a číslo dokladu o zakúpení: | |  | |  |  |  |  |  |  |
|  |  |  | |  |  |  |  |  |  |
| Reklamovaný tovar, | |  | |  |  |  |  |  |  |
| sériové číslo, | |  | |  |  |  |  |  |  |
| príslušenstvo : | |  | |  |  |  |  |  |  |
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| Popis vady: | |  | |  |  |  |  |  |  |
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| V |  |  | |  |  | Dátum |  |  |  |
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|  | **Vyjadrenie predávajúceho:** | | |  |  |  |  |  |  |
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|  | Číslo reklamačného protokolu: | | |  |  |  |  |  |  |
|  | Reklamácia prijatá dňa: | |  |  |  |  |  |  |  |
|  | Reklamácia vybavená dňa: | |  |  |  |  |  |  |  |
|  | Vyjadrenie predávajúceho: | |  |  |  |  |  |  |  |
|  | Reklamácia opodstatnená / neopodstatnená | |  |  |  |  |  |  |  |
|  | V Šamoríne, dňa: | |  |  |  | Podpis: |  |  |  |
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