CLAIM REPORT

Form for Submitting and Settling Claims

Claim Report Number: _____	**Date of Receipt: _____**

1. SELLER

Business Name	Byblos Trade Services, s.r.o. – U KIDS
Registered Office / Contacts	náměstí Republiky 656/8, Staré Město, 110 00 Praha 1 IČO: 26498472 | DIČ: CZ26498472 E-mail: info@ukids.cz | Tel.: +420 601 564 044
Place of Claim Submission	U KIDS Store Havířská 581/3 Praha 1 – Staré Město, 110 00

2. BUYER / CLAIMANT

First and Last Name / Corporate	
Address	
E-mail	
Phone	

3. PURCHASE AND CLAIMED GOODS DETAILS

Order / Invoice Number	_____	**Purchase Date**	_____
Delivery Date	_____	**Purchase Price (CZK)**	_____ czk
Product Name	_____	**Product Code**	_____
Size / Variant	_____	**Quantity**	_____

4. DESCRIPTION OF THE CLAIMED DEFECT

5. REQUESTED METHOD OF RESOLUTION

☐ Repair of the defect ☐ Exchange of goods ☐ Appropriate discount
☐ Withdrawal from contract / Refund of purchase price
☐ Other request: _____

The requested method of handling will be assessed in accordance with applicable legal regulations.

6. HANDED OVER GOODS, ACCESSORIES, AND DOCUMENTS

7. CLAIM RECEIPT (Filled by Seller)

Claim Date	_____
Method of Submission	☐ In Person ☐ E-mail ☐ Online ☐ Post
Expected Resolution Date	_____
Employee Name	_____

8. RESOLUTION PROTOCOL (Filled by Seller)

Date of processing	_____
Official Result	☐ Repair ☐ Exchange ☐ Discount ☐ Refund ☐ Rejected
Justification / Description	
Customer Notification Date	_____
Method of notification	☐ In Person ☐ E-mail ☐ Telephone ☐ Post

Signatures

_____	_____
Signature of the Claimant	Signature of the Seller's Employee

Note: This report serves as a confirmation of the submission and potential settlement of the claim. Consumer rights are governed by applicable legal regulations and the Seller's Complaint Procedure. The claim will be settled no later than 30 days, unless the seller and the consumer agree on a longer period. Original packaging is not a condition for accepting the claim.