

groundgame.ie info@groundgame.ie

	Date. town
FI	ull name
	Address
•	e-mail
	phone
	Ground Game Ireland Unit M1B Smithstown Business Park
	V14ER83 Shannon
	CLARE, Ireland
Statement of Complaint	
Order number: detection date:	Purchase date: Delivery date: Defect
Defect type: phys	ical/legal* Is it the first statement regarding this product?: yes/no*
Product name:	
Defect description:	
I request:**	
1. To lower th	ne product price by the amount: (Amount in words:
) and refund the difference to the bank account provided below.
2. A refund in	the amount of: (Amount in words:
) to the bank account provided below.
3. Free repair	r of the defective product.
4. Exchange	for a defect-free product.
My bank accoun	t
Bank name:	
IBAN:	
SWIFT/BIC:	
	Consumers' signature
* cross out incorrect option ** underline proper option	

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