


Please send the filled and signed form together with the concerned product to the following address:



 **mibeTec GmbH**  
Münchener Str. 15  
D-06796 Brehna

## Product complaint

### Contact details:

You are	<input type="radio"/> User	<input type="radio"/> Pharmacist	<input type="radio"/> Physician or hospital staff	<input type="radio"/> Wholesaler
Salutation	<input type="radio"/> Mr.	<input type="radio"/> Ms.	<input type="radio"/> Title	
Last name	<input type="text"/>	First Name	<input type="text"/>	
Company	<input type="text"/>			
Street	<input type="text"/>			
City	<input type="text"/>	ZIP	<input type="text"/>	
Phone	Office <input type="text"/>	Home	<input type="text"/>	
E-Mail	<input type="text"/>			

Compensation will be made based on the legal warranty period (max. within 2 years starting from date of purchase).

#### Applicable for pharmacies/wholesalers:

Please attach the delivery note (copy).

#### Applicable for customers:

Please attach the bill (copy). Please note that we do not reimburse postal charges beyond 2,60€.

Product name	<input type="text"/>
Lot no.*	<input type="text"/>

\*Please check on our website how to find the lot number.

### Please describe the problem exactly

Date \_\_\_\_\_

Signature \_\_\_\_\_