**Claim Form Devold of Norway AS**

(\*must be completed)

|  |
| --- |
| Date: \* |

|  |
| --- |
| Name: \* |

|  |
| --- |
| Address: \* |

|  |
| --- |
| Postal code. / Postal town: \* |

|  |
| --- |
| Phone: \* |

|  |
| --- |
| E-mail: \* |

|  |
| --- |
| Where the product was purchased: \* |

|  |
| --- |
| Date of purchase (please enclose receipt): \* |

|  |
| --- |
| Product: \* |

|  |
| --- |
| Product number: |

|  |
| --- |
| Size: \* |

|  |
| --- |
| Colour: \* |

|  |
| --- |
| Production code: |

The production code consists of four numbers and one letter. E.g.: 08 11 L

You will find this on the garment's label, or possibly printed inside the garment.

|  |
| --- |
| Reason for the claim: \* |
|  |
|  |

**NOTE! Remember to attach a picture in the email of what is wrong with the product.**

I have read and accept Devold's conditions for the processing of claims. By completing and submitting this form, I accept these conditions.