**FORM FOR NOTIFYING A MATERIAL DEFECT**

**Consumer**

Name and Surname:

Address:

IBAN for the refund of the purchase price: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Order No.:

Account No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of receipt of product: \_\_\_\_\_\_\_\_\_\_\_\_

**Product**

Name of the product: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The date on which the defect was detected: \_ \_ /\_ \_ /\_ \_ \_ \_

Detailed description of the defect: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If the material defect is justified, I want a (circle as appropriate):**

1. reimburse part of the amount paid in proportion to the defect, or
2. replace the defective goods with new flawless goods, or
3. reimburse the entire payment.

* When asserting a material defect, the customer must enclose the form and the invoice. The signed and completed form must be sent by e-mail to [info@noveliusmedical.com](mailto:info@noveliusmedical.com) or by post to Novelius Medical d.o.o. Puhova ulica 11, 1000 Ljubljana, Slovenia.
* The buyer must allow Novelius Medical to inspect the product. Products must be delivered for inspection to Novelius Medical d.o.o., Puhova ulica 11, 1000 Ljubljana, Slovenia.
* The Consumer's rights regarding the assertion of material defects are regulated in more detail in the General Terms and Conditions, which are available at <https://www.noveliusmedical.com>.

Date: \_ \_ /\_ \_ /\_ \_ \_ \_  
  
  
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_