

Filed Claim Confirmation

		Number (invoice number):	
Provider:		Sub-lessee / Customer:	
		Name and surname / Business name:	
Effective CarService, s.r.o. Vajnorská 103/A 831 04 Bratislava IČO: 48031933 IČ DPH: SK121006735		Address / Registered office:	
Vajnorská 127a, 831 04 Bratislava		Birth number / ID No.:	
		Phone:	
		Email:	
		Date of service provision:	
		Date of acceptance:	
		Filing date:	
Details of service involved in claim:			
Type of vehicle:		Registration plate:	
Service rented on:		Total price: EUR	
Contract number:			
Deficiencies identified in the claim:			
Remedy proposed by consumer:			
Responsible person: (name, surname, title):			
Signature and imprint of stamp:			
	 Provider	