THE COMPLAINT FORM #:			DATE:			
BUSINESS PARTNER STAMP	CAR DETAILS					
	Make::					
	Model:					
	Production year:					
	Body type:					
Product code:				Quantiy:		
Type of document / number / date of purchase:						
Point of sale address:						
Has the product been assembled? Installation:	Yes Date:			Counter state:	No	
Deinstallation:	Date:			Counter state:		
DETAILED DESCRIPTION OF THE FAULT:	2 4.01					
TIME AND CIRCUMSTANCES OF FAILURE DETECTION:						
Comments:						
Comments.						
			11-			
Decision:			LIF	ne applicant's sign	ature :	
OXIMO® reserves the right to request additional documents if it considers it nec	essary to de	termine the cause of the	defect.			·









