

PROTOCOL OF COMPLAINT

No. Date: Receiver:

Claimant:

Phone no.

ALEX Sp. Z o. o. Poland

No.	Name of LPG equipment	Qty	Serial number	Defect description
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Signature

Signature