



Issued on:

Customer's name:

Claimant:

PURCHASE ORDER DETAILS

Purchase order no.:

Invoice no.:

DESCRIPTION OF THE CLAIMED OBJECT

Description of the claim:

Number of defective casts delivered:

Number of all casts delivered:

Date and signature of the claimant:

* If the completed complaint form is not submitted, OZB will not process the Complaint.

➤ attachments max 15 MB