ZiboCare®
PART OF ASKER HEALTHCARE GROUP

To be completed by the customer

Claim form

To make a complaint about a product, you must fill out the form below and send it together with one or more photos of the complaint to reklamation@zibocare.dk

Once you have printed the completed complaint form, you must attach it to the product you are complaining about and send it to: **ZiboCare A/S, Præstemarksvej 67, DK-8700 Horsens, Denmark.**

If you have not filled in all fields, we unfortunately cannot process the complaint.

All fields with * must be filled in, otherwise we cannot process the complaint.

*** Date**	
*** Company/Organization**	
*** Contact person**	
*** E-mail / Phone no.**	
Invoice no.	
REF / Article no.	
***Description of the claim**	
Picture of the claim	Sent immediately to reklamation@zibocare.dk
Serie / LOT no.	
*** Number of defective products**	
*** Has there been any patient injury in connection with the complaint?**	☐ YES ☐ NO