



VAIN VILLAIN

NON-CONFORMANCE / NON-COMPLIANCE FORM

TO:

VAIN VILLAIN
Sibeliusstraat 50
4614VD Bergen op Zoom
Noord – Brabant
The Netherlands
orders@vainvillain.com

FROM:

Form fields for customer information: Full Name, Address Line 1, Address Line 2, Postal Code + Town / City, Province / State, Country, Email Address. Includes fields for ORDERN NUMBER and ORDERN DATE.

Dear VAIN VILLAIN,

I hereby would like to inform VAIN VILLAIN of (Check which appropriate):

[] The non-conformance of an a shipment I have received. The reason being:

Horizontal lines for providing the reason for non-conformance.

or

[] The following missing or non-compliant product(s):

Table with 4 columns: #, Product Name, Product ID, Issue. Contains 5 rows for listing products.

If requested by VAIN VILLAIN, I will return the order or the products I have listed above within ten (10) working days of having received VAIN VILLAIN's request. If necessary for a potential refund, my bank account details are:

Form fields for bank account details: Name of Account Holder, IBAN Number, Name of Bank, BIC Code.

Sincerely,

Signature and date fields: Full Name, DATE, CLIENT SIGNATURE.