

Customer Complaint

Date of incident: _____

Date of report: _____

Name of customer: _____

Name of distributor: _____

Date of report: _____

Product: _____

Batch No: _____

Description of
incident/complaint: _____

Return of product Y / N _____

Need of new product Y / N _____

All complaints should be sent to Nidacon asap, ann-sofie@nidacon.com. Or call +46 31 7030630

When returning the product, please include a copy of this document and label the package with
"RETURN OF GOODS"

Return of goods.

Nidacon International AB

Flöjelbergsgatan 16 B

431 37 Mölndal

Sweden