

Please send the filled and signed form together with the concerned product to the following address:



Mibe Pharma UK Ltd
4 Coleman Street
6th floor
London
United Kingdom
EC2R 5AR

Product complaint

Contact details:

You are	<input type="radio"/> User	Pharmacist	Physician or hospital staff	Wholesaler
Salutation	<input type="radio"/> Mr.	Ms.	Title	
Last name	<input type="text"/>	First Name	<input type="text"/>	
Company	<input type="text"/>			
Street	<input type="text"/>			
City	<input type="text"/>	ZIP	<input type="text"/>	
Phone	Office <input type="text"/>	Home	<input type="text"/>	
E-Mail	<input type="text"/>			

Compensation will be made based on the legal warranty period (max. within 2 years starting from date of purchase).

Applicable for pharmacies/wholesalers:

Please attach the delivery note (copy).

Applicable for customers:

Please attach the bill (copy).

Product name	<input type="text"/>
Lot no.*	<input type="text"/>

*Please check on our website how to find the lot number.

Please describe the problem exactly

Date _____

Signature _____