

Claim Form Devold of Norway AS

(*must be completed)

Date: *

Name: *

Address: *

Postal code. / Postal town: *

Phone: *

E-mail: *

Where the product was purchased: *

Date of purchase (please enclose receipt): *

Product: *

Product number:

Size: *

Colour: *

Production code:

The production code consists of four numbers and one letter. E.g.: 08 11 L
You will find this on the garment's label, or possibly printed inside the garment.

Reason for the claim: *

NOTE! Remember to attach a picture in the email of what is wrong with the product.

I have read and accept Devold's conditions for the processing of claims. By completing and submitting this form, I accept these conditions.