

Addressee:	LANGOWSKI LOGISTICS Sp. z o.o. Sp. k., ul. Hutnicza 16, 81-061 Gdynia
Re:	No. of order (route): .....

<b>Name and address of the party submitting the complaint:</b>  VAT Reg.No. (	<b>Contact person on the side of the party submitting the complaint:</b>  First name and surname: ..... Position: ..... Telephone No.: ..... Fax. No. .... E-mail address: .....
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<b>Complaint refers to*:</b>  *Please mark the relevant field in the next column	Complete absence of shipment	<b>Additional information:</b>  Weight of damages/ missing goods which are the subject matter of the claim		
	Partial absence of shipment			
	Damage of shipment	Was the shipment to which the complaint refers covered by CARGO insurance?	Yes	
	Late delivery		No	
	Other events		Yes	
<b>Amount of claim (net):</b> ..... <b>Currency:</b> .....	If yes, will the party filing the complaint make use of such insurance?	No		

**In case the complaint is acknowledged, the amount is to be transferred to account:**

Name of Customer: ..... Name of bank: .....

Number of account: .....

<b>Documents required to submit a complaint*:</b>	
Original bill of lading: copy for the recipient	*Please mark the documents sent together with the complaint in relevant fields  <b>ATTENTION: In exceptional cases, the Carrier has a right to demand additional documents</b>  Missing attachments are to be sent within 14 from the date of notification  <b>Without delivering the aforementioned documents, the complaint is not going to be processed.</b>
Damage report	
Copy of a commercial invoice accompanying the shipment, confirmed as compliant with the original	
Other documents related to the damage and the type and amount of claim	

<b>Detailed damage description:</b>

Signature of person filing the complaint:	Stamp