



Filed Claim Confirmation

	Number (invoice number):
Provider:  Effective CarService, s.r.o. Vajnorská 103/A 831 04 Bratislava IČO: 48031933 IČ DPH: SK212006735 Mobile: +421 910 777 700 Sublicencia	Sub-lessee / Customer: Name and surname / Business name: Address / Registered office: Birth number / ID No.: Phone: Email:
Provider's establishment (technical abbreviation: "B7B"): Vajnorská 127a, 831 04 Bratislava	
	Date of service provision:
	Date of acceptance:
	Filing date:
Details of service involved in claim:	
Type of vehicle:	Registration plate:
Service rented on:	Total price: EUR
Contract number:	
Deficiencies identified in the claim:	
Remedy proposed by consumer:	
Responsible person: (name, surname, title):	
Signature and imprint of stamp:	<p>.....</p> <p>Provider</p>  Effective CarService, s.r.o. Vajnorská 103/A 831 04 Bratislava IČO: 48031933 IČ DPH: SK212006735 Mobile: +421 910 777 700 Sublicencia