**ZLATNO DOBA 369 DOO BEOGRAD (NOVI BEOGRAD)**

**MILUTINA MILANKOVIĆA 94, BEOGRAD**

MB: 22105990

PIB: 115021573

Datum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ZAHTEV ZA OTKLANjANjE NESAOBRAZNOSTI/ IZJAVLJIVANJE REKLAMACIJE**

Shodno odredbama Zakona o zaštiti potrošača podnosim reklamaciju:

-zbog postojanja nesaobraznosti robe

-zbog pogrešno obračunate cene

-zbog drugih nedostataka

*(označiti razlog izjavljivanja reklamacije)*

i to za:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(označiti vrstu robe)

koja nesaobraznost/pogrešno obračunata cena ili drugi nedostatak se ogleda u sledećem:

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(opis nesaobraznosti, pogrešno obračunate cene i sl.)

Uz reklamaciju podnosim i:

• Račun/otpremnicu

• Drugi dokaz o kupovini \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

Od dana prelaska rizika na potrošača (dana preuzimanja robe) prošlo je više od šest meseci:

a) DA b) NE

Molim Vas da izvršite\*:

• Opravku

* Zamenu

• Umanjenje cene

• Raskid ugovora i povraćaj novca

(označiti vrstu zahteva)

 **POPUNjAVA POTROŠAČ**

IME I PREZIME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADRESA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEFON\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POTPIS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_