



COMPLAINT HANDLING POLICY SLOVNAFT, A.S. IN RELATION TO SALE OF MOTOR FUELS, LUBRICANTS, HEATING OILS, BITUMENS, CHEMICALS AND LPG

COMPLAINT FORM

| CUSTOMER'S DATA | |
|--------------------------------------|--|
| Name of the Customer | |
| Registered place of business/Address | |
| Represented by | |
| Contact (phone/e-mail) | |

| DELIVERY LOCATION DETAILS ¹ | |
|--|--|
| Consignee | |
| Delivery Address | |
| Represented by | |
| Contact (phone/e-mail) | |

| COMPLAINT INFORMATION | |
|--|--|
| Complaint Category | |
| Subject of Complaint (caused problem) | |
| Detailed information to Subject | |
| Claimed product Name | |

¹ In case the delivery place differs from registered place of business



Slovnaft

| | |
|-----------------------------|----------------------------------|
| Claimed Volume | |
| Delivery Note Number | |
| Taken Sample? | YES² NO |

If the sample was taken please write where from (e.g. discharging valve, etc..) and when the sample was taken:

| | |
|---|---|
| Name, Surname and Customer's signature | Name, Surname and signature of SLOVNAFT, a.s. Sales representative |
| | |
| Date, place | |

² Fill in the Sampling Protocol