"MASTER PHARM Polska Sp. z o.o." Registrations protocol of Consumer Complaints ZAP07.1.2 ENG wyd1 z dnia 17.02.2015r.

Name of Product	
Batch number / Expiry Date	
Number of pieces the advertised product	
Description of the defect	
Circumstances of determine of the defect	
"I hereby declare that all the facts and information for this cover letter and CV are true. I allow my personal data stated in the abovemnetioned applications to be processed for the purpose of recruitment, in accordance with the Personal Data Protection Act dated 29/08/1997 (Dz. Ust. No. 133, item 883)"	
Yes	No*
and therefore I declare that I have been informed on the law to access their personal data and correct them, voluntarily provide data, nearly deletion of a set of data.	
The claimer (first name, last name, correspondence address)	
8. Annex	

* - checking this box does not result in the initiation of the complaint procedure

Date and signature of the person submitting