**Appendix**

**Appendix № 1**

|  |
| --- |
| Feedback of products and services, suggestions for improvement are accepted to email [quality@misma.pro](mailto:quality@misma.pro).  Phone number department of quality: +7 (495) 641-32-16 |

**CLAIM FORM (RECOMMENDATION)**

**Date of application** « \_\_\_\_\_ » « \_\_\_\_\_\_\_\_\_\_\_\_ » 20 \_\_\_\_

|  |  |
| --- | --- |
| Customer name |  |
| Customer address\* |  |
| Claim completed by\* |  |
| Signature \* |  |
| Position\* |  |
| Phone number / e-mail\* |  |

**1. Product storage conditions \*:**

|  |  |
| --- | --- |
| Place of storage products |  |
| Storage facility condition |  |
| Data on temperature 0С and moisture % |  |

**2. Description of claim object :**

|  |  |  |
| --- | --- | --- |
| Product Name |  | Information is indicated on the label |
| Manufacturer |  | Information is indicated on the label |
| Analysis certificate number |  | Information in accompanying documents for products |
| Delivery date |  | The information is indicated in the consignment note TORG-12(ТОРГ-12) |
| Date manufactured |  | Information is indicated on the label |
| Batch number |  | Information is indicated on the label |
| Amount |  | Product quantity |

**3. Packaging quality:**

|  |  |  |
| --- | --- | --- |
| Twine |  | visual |
| Fastening tape |  | visual |
| Label |  | visual |

**4. Quality of product in opening:**

|  |  |  |
| --- | --- | --- |
| [[1]](#footnote-1)Color |  | visual |
| Flavor |  | visual |
| Presence of lumps |  | visual |
| Presence of impurities |  | visual |

**5. Description of the complaint \*:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**6.Suggestions for correcting the situation, solutions of problem / Requirements (replacement, return, other) \*:**

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

**7. In case of illness / death of livestock are necessary statement from the outpatient journal, acts on the disposal of animals, mycological, sanitary-mycological, and chemical-toxicological tests of feed and pathological material:**

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

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

**8. Results of independent laboratory tests**:

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

**9. Expected response time:**

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

Employee LLC «Misma Pro», participant in the preparation of the claim form:

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

Position Full name signature

« \_\_\_\_\_ » « \_\_\_\_\_\_\_\_\_\_\_\_ » 20 \_\_\_\_

Employee LLC «Misma Pro», who accepted the claim form:

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

Position Full name signature

« \_\_\_\_\_ » « \_\_\_\_\_\_\_\_\_\_\_\_ » 20 \_\_\_\_

1.  Required items [↑](#footnote-ref-1)