

WARRANTY FORM



In order to offer you the best possible service, we kindly ask you to completely fill in this form and to enclose it to your warranty sending. You can find all the details (order number, order date, etc.) by logging in to your Dakine Shop customer account.

Please send your parcel to:

Dakine Shop GmbH
Reklamation
Alte Landstraße 17
85521 Ottobrunn
Germany

Please note: If your warranty claim was rejected by Dakine, you may have to cover the postage expenses yourself (possibly retrospectively).

CUSTOMER DETAILS

Last name, first name

Client number

Street, number

Email address

Zip code, city

Phone number (optional)

Country

ORDER DETAILS

Order date

Order number

DAMAGE DETAILS

I request a repair / exchange of my product due to the following defect during the warranty period:

- | | | | |
|---|--|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Shoulder strap | <input type="checkbox"/> Zipper | <input type="checkbox"/> Buckle | <input type="checkbox"/> Inner seam |
| <input type="checkbox"/> Outer seam | <input type="checkbox"/> Trolley wheel | <input type="checkbox"/> Handle | <input type="checkbox"/> Others |

Please describe the defect of your product as accurately as possible:

Date

Signature