



Customer complaint information

Form: F-7.9-3

Date of issue: February 27, 2019 (MC)

Version: 1

IDENTIFICATION

Name of requester: _____

Company Name: _____

Email: _____

Telephone or cell: _____

DESCRIPTION OF THE CLAIM

Number of certificate (s) concerned: _____

Description of the request:

Send the form to: mostilab@mostimondiale.com

We will respond to your request as soon as possible.

At any time and upon request, you can view the claims process.