

CLAIM FORM

Date, _____

To the attention of:

B&LPH NON-SPECIALIZED WHOLESALE TRADING

ANGONO, 1930, RIZAL, PHILIPPINES

Contact number: 09951650600

Email: philippines@otostick.com

PRODUCT / SERVICE

REFERENCE

-	-
-	-

REASON FOR THE CLAIM:

Order number:

Order date:

Order receipt:

CLAIMANT'S PERSONAL DATA

Name and surname (s):

National ID or Driver's License:

Home address:

Contact number:

Email address:

Signature:

Print name: