**INVOICE CLAIM FORM**

claimant’s information

|  |  |
| --- | --- |
| first name and surname: |  |
| correspondence address: |  |
| telephone number/fax: | |
| company’s name: | |
| email address: | |

details

|  |  |
| --- | --- |
| invoice number: | item on the invoice: |
| selling point: | |
| container number: | |
| reason for complaint:  ……………………………………………………………………………………………………………  ……………………………………………………………………………………………………………  ……………………………………………………………………………………………………………  ……………………………………………………………………………………………………………  ……………………………………………………………………………………………………………  ……………………………………………………………………………………………………………  ……………………………………………………………………………………………………………  …………………………………………………………………………………………………………… | |
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| **NOTE**: Baltic Hub Container Terminal Sp. z o.o. is entitled to request additional documents. Missing attachments must be sent within 14 days from the date of notification. Without sending a/m documentations Baltic Hub Container Terminal Sp. z o.o. is entitled to refuse to consider the complaint. | |
| Providing of these data is voluntary, but necessary for the purpose of data processing. There is a link at which you may find a specification of information related to the processing of personal data:  [EN-Informacja-Dotyczaca-Przetwarzania-Danych-Osobowych.pdf (dctgdansk.pl)](https://dctgdansk.pl/wp-content/uploads/2023/02/EN-Informacja-Dotyczaca-Przetwarzania-Danych-Osobowych.pdf) | |

completed by the claims team

|  |  |
| --- | --- |
| date of decision: |  |
| decision regarding claim: | Accepted Accepted in part of………….. rejected  .. |