

COD CHANGE FORM

(to be filled out by the payer of the shipment)

Please send the completed form to: **finanse@ambro.pl**

.....
(city and date)

.....
(company name)

.....
(tax ID number - NIP)

.....
(first and last name)

I declare that I am the payer of the shipment and I am changing the COD amount:

from: **to:**
(previous amount) (new amount)

.....
(shipment number)

.....
(date of shipment)

I also declare that I will not pursue any claims related to this matter in the future.

.....
(company stamp)

.....
(authorized signature)