

## **COMPLAINT FORM**

*In accordance with what is agreed in the Royal Legislative Decree 1/2007, November 16<sup>th</sup>, which approves the revised text of the General Law for the Defense of Consumers and Users and other complementary laws.*

**HOTELS ANDORRANS S.A.U**  
**C/ Antònia Font Caminal**  
**Escaldes-Engordany, Andorra**  
**AD698**

### **DISCLAIMER PERSONAL DATA:**

**FIRST NAME:**

**LAST NAME:**

**N.I.F./C.I.F or N.I.E:**

**ADDRESS:**

**EMAIL:**

**PHONE.:**

**COUNTRY:**

**CITY AND POSTAL CODE:**

**Any notification related to this claim must be send to the following address / email:**

**EXPLANATION OF THE FACTS BY WHICH THE PRESENT CLAIM  
IS INTERVENED:**

**PRETENSION:**

**ADDITIONAL DOCUMENTATION OR FACTS:**

**DATE:**

**SIGNATURE:**