

Claim Form

Valid from: 01.04.2026 Revision: 1.0 Approved by: Eirik Nikolaisen, Commercial Director

Customer information (Company name and contact person including e-mail address and mobile phone number):			
Order information		Claim information	
Invoice number:		Claim date:	
Invoice date:		Claim reason(s):	
Nordlaks Sales order no:		Total quantity received:	
Delivery date/place:		Claimed kgs:	
Current location of goods (address):		Total claimed amount:	
Description of the claim reason and measures to minimize the claim:			
Calculation of the claim:			
Date and signature from customer:			