



**CASTRO Y
GONZÁLEZ**

IBÉRICOS DESDE 1910

CLAIM FORM

For the attention of:

AURELIO CASTRO Y GONZALEZ, SA.

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PRODUCTS

**REFERENCE
NUMBE**

REASON FOR THE CLAIM:

Order number:

Order date:

Receipt of the order: Yes

No

CLAIMANT INFORMATION

Name and surname:

CIF / NIF / NIE:

Address:

Telephone number:

E-mail:

Firm: