_____

(Town/City, Date)

_____

(First and Last Name)

_____

(Street, House/Flat Number)

_____

(Postal Code, Town/City)

CONTRACT RESCISSION FORM

(this form must be completed and returned only if you wish to rescind the contract)

The undersigned _____, I declare that I rescind the sales contract

(first and last name)

_____ entered into by me on _____.

(product name)

(date)

I am returning in unaltered condition together with the vouchers* assigned to the order:

- product names and quantities

_____

_____

_____

- Voucher codes*

_____

Please make a refund of _____, to the account number provided below.

(amount, currency)

ORDER DETAILS:

Order number: _____

Date of goods collection: _____

IBAN bank account number:

_____

(legible signature)

*If applicable