PRODUCT RETURN FORM

| NAME: | | |
|----------------------------|-------------------------------|--|
| ADRES: | | |
| IDENTITY CARD NUMBER: | | |
| TELEPHOE: | | |
| ADRESS E-MAIL: | | |
| | umer rights and liability for | 1 of the Act of March 2, 2000, or damage caused by dangerous |
| Withdraw from the agreem | ent concluded on: | |
| Receipt number/ Vat: | | |
| Please return the amount | | |
| words: | | |
| By cashmail to the address | | |
| or on account: | | |
| account number : | | |
| | | |
| | | |
| DATE AND NUMBER OF COI | NTRACT: | |
| Name of product / model | Quantity (pcs) | Price of goods |
| | | |
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| | | |
| | | |
| | | |
| | | date and legible signature |
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