OFFICIAL WITHDRAWAL FORM

To SP. ZARANIKAS MONOPROSOPI IKE,

I hereby notify you tha	at I w	ish to wit	hdraw	from	the dis	tance co	ntract with:
Order number:					&	date:	
The products of the ab	ove o	order that	t I plac	ed on	your w	ebsite w	ere received on the
The way I wish to retu	rn my	order:					
Product details to be r	eturr	ned:					
Product SKU							
Product name							
Quantity							
Name Surname Address							
Postal code							
State/ Province							
Signature							
Please indicate the rea	ason 1	for return	n/ with	ndraw	al:		
					D.	ato.	