RETURN FORM without a reason

(please print and fill out the form in dotted areas)

Name and surname of the person making	the return:		
Address (zip code, town, street, house nu	mber):		
Contact details (e-mail address, telephone			
I hereby declare that: 1. On the basis of the act on the protection of caused by a dangerous product of March 2, 20 later changes) I withdraw from the transaction	000 (Journal of Lav	ws of 2000, No. 2 y in a distance:	22, item 271 with
and I am returning the goods listed below. 2. I know the conditions of returning goods in including necessity attach to the shipment thi invoice VAT) issued in connection with the sa The date of receipt of the goods:	s form and the orig	ed in the Store's I ginal sales docum goods.	regulations, nent (receipt or
Returned goods: Name	Number	Gross	price
The number of the bank account to which the			unded:
Account owner:			
	••••••	•••••••••	•••••••••••

place and date

the client's signature