

	FORM FOR REFUND OR REPLACEMENT
Name and surname	
Contact telephone number (daytime)	
email address	
Exact address of the recipient	
date of the order	
The exact description of the product	
The exact description of the reason for refund	
Bank account for return of the amount paid for the product	IBAN: BIC: Name of the account holder:
Additional information (if necessary)	

15 days to refund or replacement

Completed refund form, invoice or other evidence of payment

Products in good condition to meet the requirements for refund and replacement, described in detail in our General terms.

Please complete all fields clearly and legibly.