

CONSUMER'S WITHDRAWAL FORM

Name and surname: _____

Address: _____

Town / city: _____

Telephone number: _____

E-mail: _____

Order number: _____

Date of order: _____

Date of receipt of the order: _____

Returned products: _____

REFUND

Current account: _____

SWIF/BIC: _____

Date: _____

Signature: _____

Send the completed and signed form:

- By mail to our warehouse:

Ballycoolin

D15 K8ND

Unit 200 Northwest Business Park

IE - DUBLBALW Co. Dublin

Make sure to include the return form in the return package

***Fills out Nutrisslim d.o.o**

Collected by: _____

Processed by: _____

Date of refund/return: _____