……………………

………………………… Place and Date

 Name and Surname

……………………............................

 Address

……………………...........................

………………………………………

 Telephone number/email



**REFUND FORM**

*Item information (to be filled in by the Customer)*

Product (product index, color, size / order number): ……………………………………………………………………………………………………………

Date of receipt of the shipment: ………………………………………………………………………………

Date of purchase: …………..............................................................................................................................

Date of lodging a complaint: ……………………………………………………………………………...

The reason for the complaint (a detailed description of the defect under what circumstances it arose): …………………………………………………………………………………………………………………………………………………………………………………………………………………………

The declarant’s request: …………………………………………………………………………………………………………………………………………………………………………………………………………………………

Return cost: ……….................................................................................................................................

Transfer details (name and surname, address, account number):

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

……………………........................

 /date and legible signature/