

## 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:  
**Nutrisslim d.o.o.**  
**Unit 16, Dulverton Road, Electric Ave, Aston**  
**Birmingham B6 7JJ, UK**

**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: \_\_\_\_\_