
WITHDRAWAL FORM

ME,

Name _____ Surname _____

Address _____

Phone nr. _____ Bank account _____

I declare that I wish to withdraw from the contract I have entered into for the purchase of this product:

Product name _____

Product price _____ Order nr. _____

Order received date _____

Reason for refusal
(optional) _____

Signature: _____ Date: _____

* Please send the completed right of refusal form together with a copy of the document confirming the purchase to: info@vedinimaju.lv

* Please return the returned product within 5 (five) working days to the warehouse of SIA "Vēdini Māju" - Rubeņu ceļš 2A, Jelgava, LV-3002