

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:
**GLS Dublin depot - Unit P1,
Horizon Logistics Park, Swords,
Co. Dublin, K67 P2Y8**

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: _____