

Place, date: _____

Addressee:

Zakład Krawiecki Bronisława Szczygiel
30-544 Krakow, ul. Ludowa 6
POLAND
NIP 679-100-71-76

I (Consumer's first and last name) _____

hereby inform about my withdrawal from the sales contract of the following things: *(indication of Products)*

ORDER NUMBER : _____

Date of conclusion / receipt of Products: _____

Consumer (s) address: _____

BANK ACCOUNT NUMBER FOR THE RETURN PAYMENT:

PLEASE ASK AN ORIGINAL PROOF OF PURCHASE.

Signature of the consumer (s)