

CONSUMER'S WITHDRAWAL FORM

Name and surname:
Adress:
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:
 - Ballycoolin D15 K8ND Unit 200 Northwest Business Park IE - DUBLBALW Co. Dublin

Make sure to include the return form in the return package

*Fills out Nutrisslim d.o.o

Processed by:	Collected by:		
,	Processed by:		
	,		