

Date			
Name and surname			
E-mail:	Telephone number:		
Order number:			
	om the Distance Contr		
	No. Item/Product name		Date on which the product/item was
1.			received
2.			
3.			
day on which the Seller was info In addition, I declare that the pro-	e that I shall return the item(s) in ormed about my withdrawal from oduct/item is complete and does	n the contract. not bear any traces of us	·
I wish for my refund to be trans	ferred to the following bank acco	ount:	
Account Name			
IBAN			
SWIFT Code/ BIC Code			
			mer's signature)

Please fill in the required fields above and send with your parcel to:

FEMIBELLY Marta Trzaska ul. Ks. Warcisława 24a/6 71-667 Szczecin, Poland