

MAGDALENA MATYJA 3a/5 Swojska Street 60-592 Poznań, Poland Polish TIN (NIP): 9721293250 e-mail: office@magdamatyja.com		, dr	nia	
Name and Last Name: Adress:				
E-mail:	ļ 			
E-mail:				
WITHDRAWAL FORM				
I hereby declare that:				
1. Pursuant to the Act of May 30, 2014 on consumer rights, I withdraw from the contract of sale and return the goods listed below.				
2. I am familiar with the conditions for the return of goods in this manner as set forth in the rules of the Store and in the aforementioned law.				
Date of receipt of goods:				
The number of the sales document (receipt or VAT invoice) or the order number:				
Returned goods (Name/Quantity/Gross Price):				
Bank account number to which the amount due for the goods will be refunded:				
Account holder details:				
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Place and date, Signature