

## REFUND FORM

The returned product, together with a completed form and proof of purchase must be sent to:

Dr Bardadyn  
ul. Gdansk 3/1414  
01-633 Warsaw  
Poland  
E-mail: office@drbardadyn.com

### CUSTOMER DATA

Name \_\_\_\_\_

Adres \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

### RETURNED PRODUCT INFORMATION

Product name \_\_\_\_\_

Order number \_\_\_\_\_

Price \_\_\_\_\_

### BANK ACCOUNT DETAILS

to transfer the returned money

Name of account owner \_\_\_\_\_

Name of the bank nad account number \_\_\_\_\_

\_\_\_\_\_

I declare that, in accordance with Article. 7 paragraph. 1 of the Act of March 2, 2000. On the protection of consumer rights and liability for damage caused by dangerous products (Dz. U. No. 22, item. 271) departed from the contract of purchase of goods.

Signature: \_\_\_\_\_