

Return Form

Customer's Information:

Name and surname/
business name:

Address/
registered office:

Email:

Phone Number:

IBAN:

(fill in if you are requesting a refund to your bank account)

Complained-of service:

Name of the service:

Order number:

Invoice number:

Description of the defect:

.....
Place and date

.....
Customer's signature

.....
Provider's signature

Provider's statement.