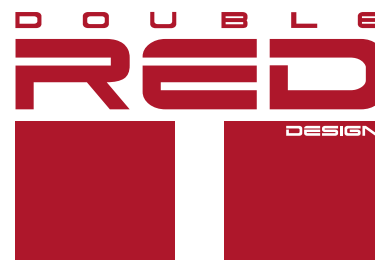


Request for a refund

Please fill in the information below legibly



Name and surname of the consumer:

Address of the consumer:

Phone / mobile:

E-mail:

IBAN:

Account holder:

Name of the bank:

Bank address :

*optional

The Amount:

Order number:

When the duplicate payment was paid:

The way it was paid: Transfer Payment card PayPal

Signature of the consumer:

The date:

