



WITHDRAW FORM

Please fill in and return this document only if you wish to withdraw from one of your online or order on behalf purchases (contract of sale).

Day of purchase: _____

Order number: _____

To: (please add the Seller data that are referred in the receipt you received)

(The Seller is acting as Indirect Agent on behalf of PAPASTRATOS SOLE PROPRIETORSHIP SOCIETE ANONYME CIGARETTE COMPANY)

I hereby inform you of my wish to withdraw from the contract of sale for the following products:

Definition of returned product(s):

- Consumables** (within 14 days withdrawal)
- Peripherals & Accessories** (within 14 days withdrawal)
- Mobility Kit – Full Kit Set** (within 30 days withdrawal – Consumables accompanied are excluded)

Date of the order: _____

Date of delivery: _____

The reason for the return is (optional):

- I am not satisfied with the product
- The product does not work
- Wrong product was shipped
- The product is damaged (damaged during transport)
- Other (complete below): _____

Name of Consumer: _____

Address of Consumer: _____

I would like a refund on the corresponding price of the Product I return to the following bank account details that I declare to be true and correct.

(The information marked with an asterisk is necessary for the refund of the price by the respective Seller. These data are processed only for this purpose and only by your respective Seller - Papastratos is not aware of such data. Bank fees may apply from the consumer's bank.)

***Bank:** _____

***IBAN:** _____

***Name of account holder:** _____

Delivery Address: _____

Telephone: _____

E-mail: _____

Date _____

Signature _____

(Only in case current form is sent physically, in paper)