

## **WITHDRAW FORM**

Please fill in and return this document only if you wish to withdraw from your order from the e-shop or via call center.

Day of pu	irchase:
Order nu	mber:
(The Selle	FOODLINK S.A 47 Irini Avenue, Aspropyrgos, Attica, 19300 or is acting as Indirect Agent on behalf of PAPASTRATOS SOLE PROPRIETORSHIP ANONYME CIGARETTE COMPANY)
I hereby in	form you that I wish to withdraw from the contract of distance sale for the following products:
Date of the o	order:
Date of de	elivery:
The reaso	on for the return is (optional):
□ W □ TI	am not satisfied with the product /rong product was shipped he product is damaged (damaged during transport) ther (complete below):
	ealed packaging with nicotine pouches (withdrawal within 14 days)  Consumer:
Delivery A	Address of Consumer:
l would lik	e a refund on the corresponding price of the product in the following details
the Seller th	ation is necessary for the refund of the amount, only if you have paid cash on delivery. These data are disclosed to at shall refund the money - Papastratos does not acquire knowledge of the data. In case that you have paid by card s not required to fill in the details)
Bank:	
IBAN: _	
Name and	d address of acco <del>unt holder:</del>
Please fil	I in the following:
Telephon	ne:
Data	Signatura

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