



## WITHDRAW FORM

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

**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)
- Single-use e-Cigarettes (Veev Now)** (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 if you have paid cash on delivery. These data are processed only for this purpose and only by your respective Seller - Papastratos is not aware of the data.)

**\*Bank:** \_\_\_\_\_

**\*IBAN:** \_\_\_\_\_

**\*Name of account holder:** \_\_\_\_\_

**Delivery Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

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