

WITHDRAW FORM

TOGETHER.		Please fill in and return this document only if you wish to withdraw fro	m	
		your order from the -eshop.		Commented [SNA1]: Change
Day of	purchase: _			
Order	number:			
To : (ple	ease add the Seller	data that are referred in the receipt you received)		
(The S SOCIE	eller is acting as Inc	direct Agent on behalf of PAPASTRATOS SOLE PROPRIETORSHIP		
l hereb	by inform you of my	wish to withdraw from the contract of sale for the following products:		
Definit	tion of returned pr	oduct(s):		
	Consumables (w	ithin 14 days withdrawal)		
	Peripherals & Ac	cessories (within 14 days withdrawal)		
	Single-use e-Cig	arettes (Veev Now) (within 14 days withdrawal)		
	Mobility Kit – Ful excluded)	Il Kit Set (within 30 days withdrawal – Consumables accompanied are		Commented [SNA2]: Change
Date o	f the order:			
Date o	f delivery:			
The rea	ason for the return i	s (optional):		
	I am not satisfied	with the product		
	The product does	•		
	Wrong product wa	as shipped		
	The product is dar	maged (damaged during transport)		
	Other (complete b	elow):		
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:	
*Name of account holder: ———	
Delivery Address:	
Date	Signature
	(Only in case current form is sent physically, in paper)

Commented [SNA3]: Change