

## WITHDRAWAL FROM CONTRACT FORM

please complete and send this form only if you wish to withdraw from the contract

To

**Name:** Ing. Denisa Džuganová  
**Address:** Laborecká 2875/17  
**Company ID:** 53 930 011  
**Phone:** +421 949 241 251  
**E-mail:** info@denisadzuganova.com

I hereby inform you that I am withdrawing from the contract for the following goods / service:

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**Order Number\*:**

**Date of Order\*:**

**Date of Receipt\*:**

**Name\*:**

**Address of the Buyer\*:**

***I wish to have the amount for the returned goods / service refunded\*:***

to the bank account / IBAN /:

by check to the address:

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**Date\*:**

**Signature of the Buyer:**

*(only if this form is submitted in paper form)*

*\*required information*