

Withdrawal Form

If you wish to withdraw from the distance contract, please complete and return this form to:

PHARMAHEMP proizvodnja in trgovina d.o.o.

Koprska ulica 106C

1000 Ljubljana, Slovenia, Europe

Company reg. no.: 2343428000

VAT ID no.: SI 11032413

email: store@pharma-hemp.com

I hereby give notice that I withdraw from the distance contract regarding my purchase of the following products:

**Please state the ordered goods for which you wish to exercise your right of withdrawal (e.g. Item name, brand, quantity / or »all of the items from my order number: XYZ«).*

Invoice number/ order number

.....

Ordered on (*)/received on

.....

Name of consumer(s)

.....

Address of consumer(s)

.....

Bank account details for refund (IBAN/name of bank):

.....

Signature of the consumer

.....

Date