WITHDRAWAL FORM

(Complete and return this form only if you wish to withdraw from the contract)

To:

Company Name: PharmaHemp d.o.o.
Address: Cesta v Gorice 8, 1000 Ljubljana, Slovenia / EU
Email Address: store@pharma-hemp.com
Phone Number: +386 1 6207 823

I hereby give notice that I withdraw from my contract of sale of the following goods for the provision of the following service:

Product Name(s): .....

.....

SKU/Item ID: .....

.....

Order Number: .....

Ordered on (Date): ..... Received on (Date): .....

CUSTOMER DETAILS

Name of Consumer: .....

Address of Consumer: .....

Email Address: ..... Phone Number: .....

REASON FOR RETURN

(Optional - helps us improve)

[ ] Changed mind [ ] Wrong size/color [ ] Item defective or damaged

[ ] Not as described [ ] Arrived too late [ ] Other: .....

.....

REFUND METHOD

Refunds are automatically issued to the original payment method. If you require alternative arrangements (subject to terms), please specify here: .....

.....

SIGNATURE

(Only required if this form is submitted in printed paper format)

Signature of Consumer: ..... Date: .....

(*) *cross out as appropriate.*