## CONTRACT WITHDRAWAL FORM

If you wish to withdraw from the contract, please fill in this form and send it back to us within 14 days from the date you received the items.

## SEND THE PACKAGE TO THIS ADDRESS:

Etele Plaza Hadak útja 1 1119 Budapest Hungary



GAP Hungary online store www.gap.hu

Magistrat International d. o. o. Kotnikova 28 1000 Ljubljana Slovenija

Customer support: Telephone: +36800 80644 E-mail: segitunk@gap.hu

## PERSONAL INFORMATION

First and last name:
Address:
ZIP/Postal code and city:
Telephone:
E-mail:
Bank account:*
BIC:*

\*We will refund you the purchase money in the same way the payment was made. If you paid on delivery, we will require your bank details to reimburse you. So, if you agree, please include this information, too.

## I WITHDRAW FROM THE CONTRACT FOR THESE ITEMS

Invoice date:			
Invoice number:			
Order number:			

Date: \_\_\_\_\_