

WITHDRAWAL FORM

(this form must be completed and returned only in the event of withdrawal)

Lifepack Vit S.R.O.
K Myslivne 2362/9
708 00 Ostrava
Moravskoslezský kraj
Czech Republic

First name and surname

Consumer's address

Order number

Date of receipt of order

I withdraw from the contract of sale under the following goods:

Products names

Date and signature of the consumer

(only if the form is sent in hard copy)

[Print the form](#)