DERMACOL
PRAGUE

CONTRACT WITHDRAWAL OR COMPLAINT FORM

☐ **A. Contract withdrawal without specifying a reason within 14 days as stipulated by the law**

Please be advised that I/we hereby withdraw from the contract of purchase of the following products *(indicate full names of the products and number of pieces)*:

……

……

……

……

☐ **B. Product complaint:**

……
(enter the name of the product)

Please, specify the reason for complaint:
☐ damaged packaging
☐ contents / quality of the product
☐ adverse effect
☐ other

Detailed description:

……

……

……

……

Fill in for A. contract withdrawal as well as for B. complaint:

Order No: …… Date of receipt of the goods: ……

Refund to be credited to bank account No: ……..

Consumer's name / Consumers' names:
……

Consumer's address / Consumers' addresses:
……

Mandatory attachments: - goods
- invoice

Date: …….. Signature: ……

The goods and the form shall be sent to:
The goods shall be sent to the place from which they were dispatched, i.e. if delivered by the logistic partner, to the following address: Dermacol, a.s., Letiště Brno - Tuřany 947/7, 627 00 Brno - Tuřany.