....., ...

.....
.....
.....
first name, surname, address

Derma Medica AS
Bygdøy alle 60 b
NIP: 925403210

DECLARATION OF WITHDRAWAL FROM THE CONTRACT CONCLUDED REMOTELY

I declare that on the basis of article 27 of the Act of May 30, 2014 on consumer rights, **I withdraw from the contract** (order number) ....., concluded on ..... for the purchase of goods: .....

I am asking for a refund of the amount paid ..... NOK as follows (please choose one option):

☐ to my customer account in the store;

☐ by bank transfer to the account:

name and surname of the account holder: ….....

☐ by postal order to the address:

first name, surname, address:.....

I will send back the goods at my own expense within 14 days at the latest.

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signature