

....., day year.
City name

Claim for refund no.

Seller: LIGHT OF MIND - FABRYKA FANTAZJI s.c. J. Gaździńska i M. Głowacz

Who claims for refund:

Name and Surname

Buyer:

Name and Surname (if the same as in „Who claims for refund” please leave empty)

.....
Street and house number

.....
Postal Code and City

.....
Telephone

.....
E-mail

.....
Number of bank account to make a refund (please include IBAN, SWIFT or BIC numbers)

.....
Date of purchase

.....
Date of receiving claim number

RE Invoice VAT no from year.

Name of goods to be claimed:.....

Quantity of wrong goods:

Price per unit:Overall value of goods:.....

Reason of claiming procedure:

.....
.....

What should be done?:

(good replacement /money refund)

Decision of FABRYKA FANTAZJI Company:.....

(do not fill this area)

.....
FABRYKA FANTAZJI

.....
Date and signature of person who claims for refund