

....., day ..... year.  
City name

## RETURN of GOODS

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

Who is returning the goods?: .....  
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 goods arrival (fill in the date) Date of receiving return (leave blank)

RE Invoice VAT no ..... from day..... year.

Product name:.....

### Statement:

I hereby written declare that the goods are in original packaging, are unused and nothing is missing

.....  
Date and signature of person who returns the goods