**RETURN OF PRODUCTS FORM (WITHDRAWAL FROM THE CONTRACT)**

**Consumer**

Name and Surname:

Address:

IBAN for the refund of the purchase price: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Order No.:

Account No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give you notice that I withdraw from the contract for the products listed below:

**Product**

|  |  |  |
| --- | --- | --- |
| **Name of the product** | **Quantity** | **Reason for return (optional)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Address for product returns:

* **Novelius Medical d.o.o. Puhova ulica 11, 1000 Ljubljana, Slovenia**

**Return of the product**

The consumer has the right to withdraw from the contract within 14 days of purchase or receipt of the product without giving a reason. A 100% refund of your return shipment can only be made if the items arrive at our premises in their original packaging, unused and undamaged within 14 days of the withdraw from the contract. Please note that for hygienic reasons we cannot refund opened products. When returning the goods or withdrawing from the contract, the consumer shall enclose the form and the invoice. If consumer have received the wrong product, the supplier will pay the return costs. For all other reasons that one might have and the return costs arising from them, the consumer is entirely responsible for such costs.

If you want to return your order, please send filled in and signed form to the e-mail info@noveliusmedical.com or by post to Novelius Medical d.o.o., Puhova ulica 11, 1000 Ljubljana, Slovenia.

Date: \_ \_ /\_ \_ /\_ \_ \_ \_  
  
  
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_