WITHDRAWAL FORM

I declare:

Last Name: ..... First Name: .....

Address: .....

Post code: ..... City: .....

Phone: ..... Email: .....

I give notice that I withdraw from my contract of sale

Order Number : ……..... Ordered on: ..... /……. / ……..

of the following products:

Products	Item code	Quantity	Price

Reason for withdrawal* :

⚠ **Attach your invoice to facilitate the processing of your request (available in your customer area).**

Complete, sign and return to: AFPD, 4 rue Charle de Gaulle, 59990 SAULTAIN, France.
You must be able to prove that it was sent on time and that it was received correctly.

In accordance with Article 15.1 of the “Terms and Conditions”, the returned products must be:

- ❏ in perfect condition for resale,
- ❏ not being connected (audit trail on the pods), used or damaged,
- ❏ returned in their packaging 'original undamaged.

The original product packaging (often a box with the product number on it) should not be used as the return box. The parts should be sent in a specific box for transport.

The conditions for exercising the right of withdrawal are described in articles 10 and following of the “Terms and Conditions”.

☐ **I have read the conditions for withdrawal and I accept them.**

Date : …… /…..... / …….. In : ……..

Signature:

* This optional mention will allow you to better process your request.