

## WITHDRAWAL FORM

*(this form must be completed and returned only if you wish to withdraw from the contract)*

MultiBOX24.pl

ul. Ceglana 8, 05-270 Marki, POLAND

phone no.: +48 22 379 70 72

fax no.: +48 22 379 70 71

e-mail address: [info@macrovita.pl](mailto:info@macrovita.pl)

date: ...../...../.....

I would like to withdraw from my contract for the purchase of goods as listed:\*

1. ....
2. ....
3. ....
4. ....
5. ....

Order number:\*\* .....

Date of agreement: ...../...../..... Date of goods' receipt: ...../...../.....

Name and surname of the consumer: .....

Address of the consumer: .....  
.....  
.....

.....  
signature of the consumer  
*(only if the form is sent on paper)*

*\* list items for which you wish to withdraw*

*\*\* please give us the order number this relates to which you will find  
on your confirmation of order email or within your account details*