**Contract Withdrawal Form**

**Recipient:**

**Active life Inv., s.r.o.**

**P.O.BOX No 15**

**911 01 Trenčín**

**Slovakia**

**Company ID: 51006766**

**Name and Surname:**

**Address:**

**Order date:**

**Order number (VS):**

**Order take over date:**

**Reason for return (optional):**

Refund will be made exclusively by bank transfer to the buyer's bank account.

I request a refund to be sent to the account number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you return the goods within the statutory period of 14 days, it is necessary to send it together with the original invoice to the above address of the Supplier within 14 days from the date of receipt of the order. It is possible to electronically send the signed and scanned form together with the invoice to the e-mail address **info@viarax.com**

 In\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Consumer