

TERMINATION/RETURN FORM

according to Art. 52 et seq. of the Consumer Code

Mandatory data		
Name and Surname	born in	resident in
Street namen	ı E-mail address	
Tax code / National Insurance Number	er:	
Name and address related to the first	shipping:	
Returned product detail and purchas	se reference:	
Item:		
Purchase date:		
Reception date:		
Reasons for termination/return: plea		
Refund mode Beneficiary (the same person who ma	ade the payment)	
Instructions		
receipt. Returned products must be selected that the selected tha	sent back in undamaged condi alia n. 15, 20122 Milan - Italy (I be provided by sending this co erharditalia.it nge, please write to info@ebe	tion and in their original packaging to the address phone number +39 02/72002820). The option of the address phone number +39 oz/72002820). The option of the address phone number +39 oz/72002820). The option of the address phone number +39 oz/72002820). The option of the option
Location and date		
SIGNATURE FOR ACCEPTANCE		