

SGAMO

MILANO

Form for notification of withdrawal

Please fill in and return this form only if you wish to withdraw from the contract.

- If sent by post, please address to:

Sgamo Srl
Via Tortona 31– Milano – ITALY
Phone +39 02.36740946

- If sent by e-mail: customercare@sgamo.it

Subject: Notification of withdrawal from order no. _____ of (fill in with the order's date) _____, delivered on (in case of multiple delivery, please fill in with the date of the last delivery) _____.

With this notice I communicate my will to withdraw from the sale contract in subject for the following products:

Products to be returned:

Customer code: _____

Customer's name and surname: _____

Address: _____

Postal code - Town: _____

Country: _____

I will therefore return said good(s) within 14 days from the _____.

Lastly, I request that the refund for the returned product(s) be made using the same method of payment used for the purchase.

Customer's signature: _____

Date: _____