

Withdrawal Form

(Complete and return this form only if you wish to withdraw from the contract)

To: Univectra d.o.o. Orehovlje 2A 5291 Miren Slovenia	Contacts +386 59 344 405 info@ambicomfort.com
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Order Number		Order Date	
Receipt Number		Receipt Date	

Received on	
Name of consumer	
Address of consumer	
Email	
Phone	

I hereby give notice that I cancel my contract of sale of the following products/services:

I request the reimbursement to be transferred to the following account number:

IBAN	
Bank Name	

Date	Signature of consumer (only if this form is notified on paper)
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