

WITHDRAWAL FORM

Please complete and return this form only if you wish to return one or more products.

To the attention of the Corporation **EFFINOV NUTRITION SAS – 9 rue de la Cardonnière – 56100 LORIENT - FRANCE**

I hereby notify you of my withdrawal from the contract for the sale of the following product(s)*:

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- Ordered on, received(s) on
- Order number* :
- First name* :
- Name* :
- Address* :
- ZIP Code* :
- City :
- Email* :

(*Required fields)

Date :

Signature : *(only in the case of notification of this paper form)* :

I will be refunded the price of the product returned as well as my delivery costs with the same method of payment as the one used during my order. The refund will be made within 14 days of receipt by EFFINOV NUTRITION SAS of my product(s) returned in accordance with the General Conditions of Sale.