

Withdrawal Form

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

To

TRADE NAME: ROLLER KAPPATOS SA

STREET: Thesi Kaskourti 0

ZIP CODE: 19011

MUNICIPALITY: Avlonas Attika

COUNTRY: GREECE

E-mail: info@roller.gr

I/We (*) hereby give notice that I/We (*) withdraw from my/our (*) contract of sale of the following goods/for the provision of the following service (*)

Ordered on --/--/---- (*) / received on --/--/----(*)

Fill in your personal details:

SURNAME:

NAME:

ADDRESS:

STREET:

ZIP CODE:

MUNICIPALITY:

TELEPHONE (optional):

E-mail (optional):

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

Date --/--/---

(*) Delete where not applicable.