



WITHDRAWAL FORM

This form, duly filled in, must be returned to Silikomart S.r.l

with registered mail to the following address:

SILIKOMART S.R.L,

via Tagliamento, 78 - 30030 Mellaredo di Pianiga(Ve), ITALY

within 14 entire days to the products delivery date at most.

1. Specific delivery

SURNAME:	
NAME:	
ADDRESS:	
ORDER NUMBER:	
DELIVERY DATE:	

2. Object of the right of withdrawal

The undersigned declare to exercise the own right of withdrawal, in accordance with the article L 121-20 of the Consumer Code, for the following articles (columns 1 and 2 of the table) of the above-mentioned order, for the quantities (column 3 of the table) and according to the conditions described in the terms of sale:

1. Codes	2. Articles	3. Quantities

Date.....(day).....(month).....(year)