



ROBERT KUPISZ

RETURN FORM

Please complete and send this form back only in the situation where you would like to return the purchased goods.

CUSTOMER'S DATA

Name and surname _____

Address _____

E-mail address _____

Phone no. _____

Order number R _____

Purchase date _____

The consumer is entitled to return the purchased goods provided that he/she submits a statement of withdrawal within 14 days of receipt of a parcel, and sends it back within another 14 days of submitting the statement.

Refund will be made up to 14 days of receipt of the returned goods. The method of refund will be the same as the payment method made by you. Please tick the correct one:

- ☐ Przelewy 24
☐ Paypal
☐ COD or a traditional wire transfer

Name and surname _____

Bank account number _____

GOODS NAME	SIZE	COLOUR	REASON

Should you have any questions or doubts, please contact our Customer Service Office:

bok@robertkupisz.com +48 786 100 123

Please send the completed and signed form along with a proof of purchase and the goods secured against damage to the following address:

**FC3 ROBERT KUPISZ-ZWROT OMNIPACK Sp. z o.o.
Aleja Katowicka 66, 05-830 Nadarzyn
bud. DC04 rampa 40**

date

customer's signature