| RETURN FROM |
| --- |
| COMPANY INFORMATION |
| Name: Maggio Aps |
| Company No.: 40298754 | Phone: | E-mail: info@bymaggio.com |
| Address: Langebakken 1 |
| Zip Code: 2960 | City: Rungsted Kyst |
| CUSTOMER INFORMATION |
| Name: |
| Address: |
| Phone: | E-mail: |
| City: | Zip Code: |
| THE FOLLOWING PRODUCT ITEMS ARE TO BE RETURNED |
|  |
| DATE THE PRODUCTS WERE RECIEVED  |
| Date: |
| CusTOMER SIGNATURE |
| I hereby declare that I wish to exercise my Right of Withdrawal for the products mentioned in this form. Additionally, I pledge that all the information on this form is correct.  |

**Customer signature**: **Date**:

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