| 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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