Version: 1.0	**WITHDRAWAL FORM** Fistula Protect Medical d.o.o.	Fistula Protect
Date: December 2022		
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TO:

Fistula Protect Medical d.o.o.
Slivnica pri Celju 33A
3263 Gorica pri Slivnici
Slovenia
E-mail: info@fistulaprotect.com

Date: _____

Consumer name: _____

Consumer address: _____

Order number: _____

E-mail: _____

I hereby give notice that I withdraw from my contract of sale for the following goods:

Ordered on: _____

Received on: _____

Please refund the purchase price of _____ EUR, which I paid to you on _____ to bank account no.:
_____, held at _____ (name of bank).

Consumer signature: _____
(A signature is only required if the form is sent by post.)