

Version:	1.0	<b>WITHDRAWAL FORM</b> Fistula Protect Medical d.o.o.	
Date:	December 2022		
Page 1 of 1			

TO:

**Fistula Protect Medical d.o.o.**  
 Slivnica pri Celju 33A  
 3263 Gorica pri Slivnici  
 Slovenia  
 e-mail: [info@fistulaprotect.com](mailto:info@fistulaprotect.com)

---

Date: \_\_\_\_\_

Name of consumer: \_\_\_\_\_

Address of consumer: \_\_\_\_\_

Order number: \_\_\_\_\_

e-mail: \_\_\_\_\_

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

Ordered on: \_\_\_\_\_

Received on: \_\_\_\_\_

Please return the purchase price in the amount of \_\_\_\_\_ EUR, which I paid to you on \_\_\_\_\_, on my transaction account no.: \_\_\_\_\_, opened at \_\_\_\_\_ (bank name).

Signature of consumer: \_\_\_\_\_

(signature is only needed if the form is notified as a letter).