

RETURN FORM

(Send to Fax n.: 07092435180 or e-mail: ecommerce@icnoderm.it)

Dear ICNODERM Srl

C/O Sardegna Ricerche Ed. 5

Loc. Piscinamanna

09010 Pula (CA)

Hereby is notified the withdrawal of the Sales Contract of following goods:

Order number: _____

Date items ordered: _____

Date items received: _____

Name and Address: _____

E-mail account: _____

Signature customer

Date