



KAMENA

Name and Surname of Customer

Location and Date

Contact number:

E-mail:

Address:

RETURNS FORM / WITHDRAWAL FROM THE DISTANCE SELLING CONTRACT

Product name	Product price	Order number	Date of purchase

Reason for return (We will appreciate if you could share this information with us):

Comments and feedback (if applicable):

Proof of purchase: *receipt / invoice / other

Date and signature of Customer

Date and signature of Kamena representative

* Please cross out what is not necessary

Kamena S.C.
ul. Australijska 18/9
81-116 Gdynia
Poland