

FORM TO BE FILLED OUT TO EXERCISE THE RIGHT OF WITHDRAWAL

To:

HIT SRL

Right of Withdrawal for the Purchase Order.....

The undersigned.....

born in(place of birth).....Date of Birth.....

and residing at..... address.....

DECLARE

My intention to exercise the right of withdrawal in accordance with Legislative Decree 206/05 and subsequent amendments for the purchased product as mentioned, committing to send the product to the seller at the following address, with shipping costs borne by the undersigned (customer)."

HIT SRL Via Benedetto Croce n.156 - Montalto Uffugo 87046 – Cosenza – Italy

ASKS FOR

The refund of the price within 14 working days from the receipt of the product in question by HIT S.R.L. via bank transfer

Payable to the undersigned : Mister/Miss.....

IBAN code

BIC SWIFT.....

Attach both sides of the identification document (ID CARD)

Place.....Date.....

Signature

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