

## WITHDRAWAL FORM

*(please fill in this form and return it only if you wish to withdraw from the contract)*

**AT:**

Hairextensions-shop.es  
Avenida del pla 116-4  
Box No. 403  
03730 Jávea (Alicante) - Spain

I/We (\*) hereby inform you that I/We (\*) withdraw from our contract for the sale of the following products (\*)

<b>Order number</b>	
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<b>Number</b>	<b>Article</b>

<b>Received on the date:</b>	
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Your data (under which the order was placed):

<b>First name, last name:</b>	
<b>Address:</b>	
<b>Postcode:</b>	
<b>Residence:</b>	

<b>Your signature</b>	
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*(\*) Delete what is not applicable or fill in what is applicable.*