

WITHDRAWAL FORM

Dear Le

Knife park

Via Eduardo de filippo
119

00128 – Roma

info@knifepark.com

Subject: Right of withdrawal request

The undersigned:_____

Requires to exercise the right of withdrawal for the following Goods / services

Product code:_____

Product description:_____

Order n °:_____

Ordered on:_____

- I declare to make the product intact in all its parts, complete with original packaging
- I declare that in order to establish the nature, characteristics and functioning of the asset, the product has been handled and inspected with normal diligence and that it will be made fully functional, accompanied by all accessories and leaflets, with identification tags, labels, where present, still attached to the product and intact, as well as perfectly suitable for its intended use and free from signs of wear or dirt.
- I declare that I am responsible for the decrease in the value of the asset resulting from its handling other than that necessary to establish the nature, characteristics and functioning.

Date

Signature
