

Date

RETURN PROTOCOL / WITHDRAWAL PROTOCOL

[please fill in ACCURATE and READABLE]

CUSTOMER: Name	SELLER: DAJAR Sp. z o.o. ul. Połtawska 6 75-072 Koszalin Tel. +48 504 224 439 E-mail: shop@dajar.co.uk RETURN ADDRESS: ul. Różana 9, 75-220 Koszalin
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Order number:

Date of the purchase:

No.	Name of the returned item	SKU	Qty
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

I am asking for a refund to the bank account number (unless it is possible to return the payment in the form selected during the purchase):

.....

Please provide us with information about the reason for the return which will help us improve the quality of our activities

.....

.....

.....

Customers signature [name and surname]

Our goal is to meet your expectations and process your request as quickly as possible.

Filling in all fields, along with detailed contact details, will allow us to take immediate action.