

## VIRES srl, Via N. Tommaseo, 61 - 10093 Collegno (TO) Italy Tel. +39 011 411 1718 - Fax + 39 011 411 1721

<u>info@vires.it</u> | <u>www.vires.it</u> Azienda certificata UNI EN ISO 9001:2015

## WITHDRAWAL FORM

To exercise your right of withdrawal you can fill in the following form and send your communication withdrawal by registered letter with return receipt within 14 days of delivery of the goods, to

VIRES srl, Via N. Tommaseo, 61 - 10093 Collegno (TO) Italy			
VIRES srl,	W	THDRAWAL FO	RM
Via N. Tommaseo, 61 10093 Collegno (TO) Ita	•	rcise of the right	of withdrawal
I, the undersigned, residing in		iding in	(city), (province), postcode
, street	, n° l	intend to make	use of the right of withdrawal pursuant to and for
the purposes of art. 52 a	and ss. of Legislative Decr	ee n. 206/2005,	and subsequent amendments and additions.
The withdrawal concerns the purchase order no			_, made by me on / /, with delivery of
the goods taking place on / / at			_ (city), (province), postcode, Via
n	·		
In case of partial without withdrawal:	drawal, please indicate l	below the good	s for which you intend to exercise the right of
Product Code	Product Name	Quantity	Notes
I declare that I have read	d and accepted the Gene	ral Conditions of	Sale on the website www.vires.it
			Place, date//
			Signature: