RETURN FORM

Recipient:

RN Publishing S.a.s.

Via Torelli, 31

28100 Novara

Email: info@rnpublishing.com

I/we (*) hereby notify the withdrawal from the contract of sale for the following goods/services:

Product purchased: _____

Quantity: _____

Order number: _____

Order date: ___ / ___ / _____ ***Date of receipt:*** ___ / ___ / _____

Consumer details:

Full name: _____

Address: _____

Postal Code: _____ City: _____ Province/Region: _____

Phone number: _____ Email: _____

Reason for withdrawal (optional):

_____

_____

Date: ___ / ___ / _____

Consumer's signature (only if this form is submitted in printed format):

_____

(*) Delete as appropriate.