

WITHDRAWAL FORM

Please complete and return this form if you wish to return the goods.

To:

Kemppi Oy Kempinkatu 1, 15810 Lahti, Finland

tel. +31 (0)76 571 77 50 email: <u>info.pl@kemppi.com</u>

I hereby give n	otice that I with	ndraw from my	contract of sale of the following good	S
RMA number: Order number:				
Product code(s) and quantity		code:	quantity:	
		code:	quantity:	
Date received	on:			
Reason:	☐ Wrong part ☐ Damaged p ☐ Other, com	art	☐ Wrong part ordered ☐ Not according to expectations	
Name of customer:				
Address of customer:				
Telephone number of customer		er:		
Email address of customer:				
Date and place				
Signature (only	in case of noti	fication on pap	er)	