

# RETURN / WITHDRAWAL FORM

This form must be completed and returned only if you wish to withdraw from the contract.

DIGITAL LAB  
WORONICZA 31/81  
02-640 WARSZAWA  
ORDERS@AGI.MS

I hereby give notice that I withdraw from my contract of sale of the following goods:

PRODUCT NAME / SKU	QUANTITY	PRICE

CONSUMER NAME

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CONSUMER ADDRESS

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CONSUMER E-MAIL ADDRESS

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CONSUMER BANK ACCOUNT NUMBER

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SWIFT OR BIC CODE (WHEN APPLICABLE)

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ORDER NUMBER

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PURCHASE DATE

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DATE & CONSUMER SINGATURE\*

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/\*only if this form is notified on paper/