

# WITHDRAWAL FORM

*(To be completed and sent only if you wish to withdraw from the purchase contract).*

## **RECIPIENT:**

**Company name:** Palazzo di Varignana Food S.r.l.

**Operating office>Returns address:** registered office at Via Cà Masino 611/B1,  
40024 loc. Varignana, Castel San Pietro Terme (BO)

**Email:** food@palazzodivarignanafood.com

By means of this form, the undersigned

**First name:**

**Last name:**

having acknowledged the Terms of Sale published on the website and, in particular, the provisions of Art. 7, hereby gives notice of their intention to **withdraw** from the sales contract relating to the products listed below.

### **Order details**

### **Information**

Order number

Order date

Date received

Buyer's full name

Email used for the order

Buyer's address

Phone (optional)

## **RETURNED PRODUCTS:**

**Product**

**Code/SKU**

**Qty.**

**Reason for return** *(optional. A reason is not required to exercise the right of withdrawal):*

## **REFUND METHOD:**

The refund will be made using the same payment method used for the purchase (unless otherwise expressly agreed) and at no additional cost to the consumer.

**Any request or note regarding the refund:**

---

**CONSUMER'S DECLARATION/CONFIRMATION:**

I declare and confirm that I wish to exercise the right of withdrawal in relation to the products listed above, in accordance with the terms and conditions set out in the applicable legislation and in the terms of sale published on the website [www.palazzodivarignanafood.com](http://www.palazzodivarignanafood.com).

If already delivered, the products will be returned without undue delay and, in any case, within **14 days of notification of withdrawal**, to the following address:

*PALAZZO DI VARIGNANA FOOD S.r.l.*

*Via Cà Masino 611/B1 - 40024 loc. VARIGNANA, CASTEL SAN PIETRO  
TERME (BO)*

**Place:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Signature of the consumer(s):** \_\_\_\_\_ (the signature is required only if the form is submitted in paper format).