**Right of withdrawal form - application of withdrawal NO. ....**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seller: SIA Verktig

Address of the seller: Tirdzniecības Centrs, Madliena, Ogre region, LV-5045;

Phone number of the seller: +371 65027776

E-mail address of the seller: [info@verktig.lv](mailto:info@verktig.lv)

Name, surname of the consumer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of the consumer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the product: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purchase date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of receipt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purchase document: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Statement of the consumer on withdrawal: I hereby inform that I wish to withdraw from the contract/purchase, which

I have concluded on the purchase of the above mentioned product.

Signature of the consumer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send the filled out withdrawal form with a copy of a document proving purchase and returnable product

to the address of SIA Verktig, Tirdzniecības Centrs, Madliena, Ogre region, LV-5045.