

Withdrawal Form

(Complete and return this form only if you wish to withdraw from the contract)

| | |
|---|---|
| To: Univectra d.o.o. Orehovlje 2A 5291 Miren Slovenia | Contacts +386 59 344 409 info@emonova.com |
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| | | | |
|----------------|--|--------------|--|
| Order Number | | Order Date | |
| Receipt Number | | Receipt Date | |

| | |
|---------------------|--|
| Received on | |
| Name of consumer | |
| Address of consumer | |
| Email | |
| Phone | |

I hereby give notice that I cancel my contract of sale of the following products/services:

| |
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| |
| |

I request the reimbursement to be transferred to the following account number:

| | |
|-----------|--|
| IBAN | |
| Bank Name | |

| | |
|------|--|
| Date | Signature of consumer (only if this form is notified on paper) |
|------|--|