

NOTICE OF WITHDRAWAL - CONSUMER

Addressee: XANADU a.s. Žirovnická 2389 106 00 Prague 10 ID: 14498138 VAT: CZ14498138 Phone: 386352966 E-mail: info@xanadu.cz	Customer (consumers): Name, surname: Street: Zip code, city: Phone: E-mail:
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I / we announce ^{*)} that I hereby / withdraw^{*)} from the contract for the purchase of the following goods / for the provision of the following services ^{*)}:

Title:	
Order number:	
Number of the XANADU sales document:	
Date of ordering:	
Date received:	
Refund account number (if applicable)	
Date:	Signature of the consumer(s) ^{*)}:

^{*)} Delete where not applicable or add information.

Settlement of withdrawal from the contract (to be filled in by the XANADU representative):	
Settled by (name, surname):	
ID number:	
Credit note No.:	
Date:	
Signature:	
Note:	