

DIKA

RETURN / PRODUCT(S) EXCHANGE FORM

Client Name and Surname / Legal Entity Name and UIC:

Your Request:

Product Return Product Exchange Size Exchange

Order No / Date: _____ / _____

Article Number / Size: _____ / _____

Exchange Details: _____
(for exchange requests only)

Product / Size: _____

Reason for Return / Exchange: _____

Delivery Address:

City / Village: _____ Postal Code: _____

District / Street / Number: _____

Telephone: _____ E-mail: _____

All transport costs are at the Client's expense.

Return Address:
E Mirogljo EAD,
7, Spas Sokolov Str.
Manastirski Livadi District
Sofia, 1404, Bulgaria

Date / Year: _____

Client Signature: _____