

WITHDRAWAL FORM

Please fill in if you wish to exercise the right to withdraw, in compliance with Art. 11 on the conditions for online sales.

The present notice must be sent via E-MAIL or registered letter with acknowledgment of receipt to:

Xerjoff Group S.p.a.

Via Tenivelli, 29

10024 Moncalieri (TO)

Italy

Declaring to have read the conditions for online sales, specifically Art. 11 on the right to withdraw and the right to return purchased products,

I, the undersigned

Tax or fiscal code

Address

Postcode

wish to formally exercise the right to withdraw concerning the following purchase (please, add purchase number and product list):

In case of partial withdraw, please fill in the identification code of the item and its name:

Invoice number: (please add order number, invoice number and customer code):

Date of delivery: (the date in which the product has been delivered. Please note that the right to withdraw can be exercised no later than 14 days after receiving the purchased item)

Please state if you wish to replace the product or ask for full reimbursement