**Atteikuma tiesību veidlapa - pieteikums par atteikumu**

(aizpildiet un nosūtiet šo veidlapu tikai tad, ja vēlaties atteikties no līguma)

Datums: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pārdevēja nosaukums: SIA „Remedica”

Pārdevēja adrese: Kleistu iela 24, Rīga, LV-1067

Pārdevēja tālruņa numurs: +371 25775885

Pārdevēja e-pasta adrese: info@myskin.lv

Patērētāja vārds, uzvārds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patērētāja adrese: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preces nosaukums: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Preces pirkuma datums: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Preces saņemšanas datums: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pirkumu apliecinošs dokuments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patērētāja paziņojums par atteikumu: paziņoju, ka vēlos atteikties no līguma, ko esmu noslēdzis par zemāk iepriekš norādītās preces iegādi.

Patērētāja paraksts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Aizpildītu atteikuma tiesību veidlapu kopā ar pirkumu apliecinoša dokumenta kopiju lūdzam nosūtīt uz SIA „Remedica” adresi Kleistu iela 24, Rīga, LV-1067.

Saņemto preci 14 dienu laikā lūdzam nosūtīt vai nogādāt SIA „Remedica” Kleistu iela 24, Rīga, LV-1067.