



Withdrawal form

(This form should be completed and returned only if the right of withdrawal is being exercised)

ARM ROBERT MACZYNSKI Sp. Z o.o.  
Usługowa 17, 15-521 Zascianki  
Poland

Return address:

**ARM ROBERT MACZYNSKI Sp z o.o.**  
**Usługowa 17, 15-521 Zascianki**  
**Poland**

e-mail: shop@rmdbike.com

I hereby inform that I want to exercise the right to withdraw from the contract of sale of the following goods (\*)  
/ provision of the following services (\*) concluded by the buyer.

.....  
.....  
.....  
.....

- Date of purchase/ Order number .....

- Consumer's name .....

- Consumer's address .....

.....

Please refund to my bank account number.....

Date .....

Consumer's signature .....

(Only if the content of this form is provided in paper form)

(\*) Delete what is not applicable