



CANCELLATION FORM

If you wish to cancel this contract, please complete and submit this form and send it back to:

Lami Cosmetics Sarl

16, rue des Mines

L-9464 Stolzembourg

office@lamilashes.lu

I/We (*) hereby give notice that I/We (*) cancel my/our (*) contract of sale of the following goods (*):

.....
.....

(Name of goods, possibly ordernumber and price)

Ordered on: (date)

Invoice number:

(Name and address of consumer(s))

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

Reason for revocation (optional):

[] Item is damaged/ was open, [] Wrong item

Date

.....

Signature of consumer(s) (only if this form is notified on paper)

(*) Delete as appropriate