



RETURN FORM

(complete and submit this form only if you wish to terminate the contract)

This form must be sent to:

By registered mail

LABORATORIO DE COSMÉTICA ARMONIA S.A., with CIF A50064088, and address Ctra. Castellón, km 6,300. P. Ind. Tecnum, nave 5, 50720 La Cartuja Baja, Zaragoza

Or by email

info@armoniabio.com

The products you wish to return must be sent to:

LABORATORIO DE COSMÉTICA ARMONIA S.A., with CIF A50064088, and address Ctra. Castellón, km 6,300. P. Ind. Tecnum, nave 5, 50720 La Cartuja Baja, Zaragoza

The undersigned _____ notifies the termination of the contract of sale of the following assets (*check all that apply*):

- All goods included in the order (*complete if you want to make a full refund*)
 The goods to follow indicated (*complete if you want to make a partial return*)

- | | |
|----------|-----------|
| 1. _____ | 9. _____ |
| 2. _____ | 10. _____ |
| 3. _____ | 11. _____ |
| 4. _____ | 12. _____ |
| 5. _____ | 13. _____ |
| 6. _____ | 14. _____ |
| 7. _____ | 15. _____ |
| 8. _____ | 16. _____ |

Order number: _____

Received on: _____

Send to: _____

Place and date

Sign
(only if this form is sent on paper)