

FORM FOR UNILATERAL TERMINATION OF THE CONTRACT

1.	First a	nd Last name												
	(on whi	l address ch it will be confirm none number	ned that the								as beer	n recei	ved)	
4.		Street address												
	Zip	/ Postal Code												
5.	IBAN	Viška ul +385 98 +385 91	COSMET lica 24, HF 39627278 275553 paps@gm	TICS d.o R-52100	.o.			ade)						
6.	I,						here	by	ded	clare	that	I	unilate	rally
	_	(Custo	omers First and	Last Name)									
	4				46 - 4 - 11 -	!								
		ninate the purch		ment of	the follo	owing	prod	lucts	S:	l NI - 1		1:1	0	<u></u>
	N°	Product name		ment of	the follo	owing	prod	lucts	S:	Net	quan	tity	Quan	ity
	N ° 1.	·		ement of	the follo	owing	prod	lucts	S:	Net	quan	tity	Quan	ity
	N ° 1. 2.	·		ement of	the follo	owing	prod	lucts	S: 	Net	quan	tity	Quan	ity
	N° 1. 2. 3.	·		ement of	the follo	owing	prod	lucts	S: 	Net	quant	tity	Quan	ity
	N° 1. 2. 3. 4.	·		ement of	the follo	owing	prod	lucts	S: 	Net	quan	tity	Quant	ity
	N° 1. 2. 3. 4. 5.	·		ement of	the follo	owing	prod	lucts	S:	Net	quant	tity	Quan	ity
	N° 1. 2. 3. 4. 5.	·		ement of	the follo	owing	prod	lucts	S:	Net	quant	tity	Quan	iity
	N° 1. 2. 3. 4. 5. 6.	·		ement of	the follo	owing	prod	lucts	5:	Net	quant	tity	Quan	iity
	N° 1. 2. 3. 4. 5. 6. 7.	·		ement of	the follo	owing	prod	lucts	5:	Net	quant	tity	Quan	iity
	N° 1. 2. 3. 4. 5. 6.	·		ement of	the follo	owing	prod	lucts	5:	Net	quant	tity	Quan	iity
	N° 1. 2. 3. 4. 5. 6. 7. 8. 9.	·	e											
	N° 1. 2. 3. 4. 5. 6. 7. 8. 9.	Product name	e						umb	er _				ture