

Withdrawal Form - Notice of Withdrawal

(complete and send this form only if you wish to withdraw from the contract)

Date: _____

Seller's name: SIA "Divi Berzini"

Seller's (actual) address: Druvas iela 10, Ogre

Seller's phone number: +371 23007008

Seller's email address: info@diviberzini.lv

Buyer's full name: _____

Buyer's address: _____

Product name: _____

Product purchase date: _____

Product receipt date: _____

Proof of purchase: _____

Consumer's statement of withdrawal:

I hereby notify that I wish to withdraw from the contract concluded for the purchase of the product specified above.

Consumer's signature: _____

Please send the completed withdrawal form together with a copy of the proof of purchase to:

SIA "Divi Berzini", Druvas iela 10, Ogre, LV-5001

or email: info@diviberzini.lv

Please return or deliver the received product within 14 days to the following location:

"Arini", Tinuzu pag., Ogres nov., LV-5052.