# Withdrawal Form

*Complete and return this form only if you wish to withdraw from the contract. You may also send another clear statement confirming that you wish to withdraw from the contract.*

| | |
|---|---|
| **Recipent** | MP SEEDS<br>ul. Laskowicka 15, 94-111 Łódź, Polska<br>e-mail: hello@mpseeds.eu tel: + 48 601 396 141 |
| **Statement** | I hereby inform you that I am withdrawing from the contract of sale for the following goods: |
| **Goods** | |
| **Order number** | |
| **Date of order or receipt** | |
| **Consumer's full name** | |
| **Consumer's address** | |
| **Consumer's signature** | *only if this form is submitted on paper* |
| **Date** | |