

Withdrawal Form

[fill in and return this form only if you want to withdraw from the contract]

If by e-mail: hello@mongrip.com

If by postal mail:

GRIP SARL
25, Boulevard Albert 1er
MC 98000 Monaco

Subject: Declaration of withdrawal from the order no. _____ *(1)

I hereby notice my withdraw from the contract of sale of the following products (2):

ordered on _____ (3)

and (if applicable) received on _____ (4).

Accordingly I return this/these product/s at my own expenses to

GRIP SARL
25, Boulevard Albert 1er
MC 98000 Monaco

within 14 days from the date of this notice.

Please make the reimbursement of the returned product/s using the same method of payment used for the purchase. In case of bank transfer, please find below the bank account details (IBAN code):

For any communication related to this notice, you can contact me at:

- Name and last name: _____ (5)

- Address: _____ (6)

- Phone number: _____ (7)

- E-mail: _____ (8)

Date: _____

Signature: _____

(1) Please complete with the number of the order (fill in with the number reported on the Order Confirmation) through which the purchase of the product/s has been made in relation to this/these product/s you want exercise the right of withdrawal.

(2) Specify for every product the code number of the product as reported on the Order Confirmation.

(3) Insert the date of the order.

(4) Insert the date of the receiving of products in case of the right of withdrawal is exercised after the receiving of the products in relation to which you want withdrawal.

(5) Please write in block letters.

(6) Please write in block letters.

(7) Please write in block letters.

(8) Please write in block letters.