

RETURN FORM TO BE COMPLETED

Please complete this document in the spaces provided.

Attach the completed and signed Form, together with the 'Delivery Note' and the 'Tax Receipt' received, together with the item to be returned, sending them to the address:

Abbigliamento Punzi S.r.I. - C.so Umberto I°, 88/A – 72014 Cisternino (BR) ITALY

CUSTOMER DETAIL	S:			
NAME AND SURNAME SHIPMENT ADDRESS		N° AND DAY OF ORDER		DAY OF RECEPTION
RETURN TYPE (tick of	only the box of interest)			
a) □ RIGHT OF WITH b) □ PRODUCT NOT	IDRAWAL CONFORMING TO THE OR	DER		
CODE AND PRODUCT DESCRIPTION		QUANTITY	MOTIVATION RETURN	
SELECTION COMPE	ENSATION: □ Refund □ Po	urchase Cred	lit	
	turn procedure is 14 days from the 'Return goods' section of the			
* The shipping costs fo typology, therefore alre	r the return of the items are def ady discounted.	rayable from th	e buyer as t	he goods are of the outlet
	necessarily send the goods through the period of the perio			
*** The package travels	at the risk of the customer.			
We also ask you to co website www.punzi19	onsult the return requirement	s indicated in	the 'Return	goods' section of the
			D	ate and Customer's Signature
CUSTOMER SERVICE P	unzi1949.com			

EMAIL: info@punzi1949.com - PHONE: +39 080 444 9846 (from Monday to Friday, from 09.00 to 13.00, from 15.30 to 19.30)