



RETURNS FORM

Please print and complete this form and return with the bottle(s) within 14 days of the date of despatch. Please note, I cannot accept returns without this information.

Order No. (if known): _____

Date order placed: _____

YOUR DETAILS

First name: _____

Last name: _____

Address: _____

Postcode: _____

Country: _____

Item ordered: _____

Reason for return: _____

Date of return: _____

Please return to:

Giorgos Spyridakis, Kamilari 38, 70200 Tympakiou, Greece
+30-6977721781

Thank you!