Healthy Food Factory Galleria Internazionale d.o.o. Predavčeva 6, 10 000 Zagreb

OIB: 15724166318

## Form

	act termination regarding polleria Internazionale d.o.o. v	•	
l,		(buyer's name ar	nd surname)
from:	(buyer's	address: city, street, str	eet number)
hereby confirm immed	diate unilateral Contract teri	mination for purchasing	following
product/service:		(item name) base	ed on receipt
number	(document number) rec	ceived on	(date).
	ade in the same way as the when money will be transfe	• •	•
Please choose one of	the following options:		
a) Hereby I require ref	fund to		
(bank accour	nt IBAN, name, surname, ba	ank account holder addr	ress)
b) Hereby I require ex	change of previously menti	ioned product for	
In	_ (city)		
Date	_•		

Signature