|  |
| --- |
| **FORMULARIO DE DESISTIMIENTO** |
|  |
| *(Sólo debe cumplimentar y enviar el presente formulario, si desea desistir del contrato)* |

A la atención de:

|  |
| --- |
| MEDINA VENTURA, ESTHER |
| C/ ANDRES CAMPOS, 22, 46117, BETERA, VALENCIA |
| medina@esteticaesther.com |
| https://esteticaesther.com/ |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| D/Dña. | |  | | | | | | | | | | | | | , mayor de | | |
| edad, con D.N.I. | | | |  | | | | , y domicilio a efectos de notificaciones en | | | | | | | | | |
|  | | | | | | | | | | | de | |  | | | provincia | |
| de |  | | C.P. | |  | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Por la presente le comunico/comunicamos(\*), que desisto de mi/desistimos de nuestro(\*)  contrato de venta del siguiente bien/prestación del siguiente servicio(\*): | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Recibido el día | | |  | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| *(\*) Táchese lo que no proceda* | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| En |  | | | | | a |  | | de | | |  | | de 20 | |  |  |
|  | | | | | | | | | | | | | | | | | |
| Fdo.: | |  | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |

|  |
| --- |
| **WITHDRAWAL FORM** |
|  |
| *(You only have to fill in and send this form if you wish to withdraw from the contract)* |

Addressed to:

|  |  |
| --- | --- |
| MEDINA VENTURA, ESTHER |  |
| C/ ANDRES CAMPOS, 22, 46117, BETERA, VALENCIA |  |
| medina@esteticaesther.com |  |
| https://esteticaesther.com/ |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mr./Ms.. | |  | | | | | | | | , of legal age | |
| With ID number. | | | |  | | , and addressed for notification purposes in | | | | | |
|  | | | | | | |  | |  | | Province of |
|  |  | | Zip Code | |  | |  | | | | |
| Hereby I inform that I withdraw from the following product or service purchase contract: | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Received on | | |  | | | | |  | | | |
|  | | | | | | | | | | | |
| *(\*) Táchese lo que no proceda* | | | | | | | | | | | |
| Place: | | | | | | | | | | | |
| Date: | | | | | | | | | | | |
| Signature | |  | | | |  | | | | | |
|  | | | | | | | | | | | |