Place and date:

Full name / Company name:

Mailing Address:

Contact phone:

E-mail:

**ENGER Robert Kwiecień**

Ul. Zagrody 25, 32-200 Miechów

NIP: 659-104-74-90

ph. +48 41 389 01 03

e-mail: biuro@enger.pl

**Return of goods**

Order Date: ………………… ………………………………… Purchase Document Number: …………………… ……………… ………………………

Full name / Company name: …………………………………………………………………………………………………………………………………………… ……………… .…………………………………………………… ..

Address: ……………………………………………………… ………………………………………………………………………………………………………………………………… ……………… .…………………………………………………… ..

Phone: …………… .……………………………………………………………… ………………………………… Email: …………… .………………………………………………………………………… ……………… .……………

Name and quantity of goods returned:

……………………………………………………………………………………………………………………………………………………………………………………………………………………… …………………………………………………………………………………………………………………………………………………… .

……………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………………………………….

……………………………………………………………………………………………………………………………………………………………………………………………………………………… …………………………………………………………………………………………………………………………………………………… ………………………………

Return reason:

……………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………………………………….

……………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………………………………….

……………………………………………………………………………………………………………………………………………………………………………………………………………………… ………………………………

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of the person accepting the return** (to be completed by the Seller):

………………………………………………………………………………… ..

Customer comments: ……………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………………………………….

……………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… .

I am aware that the personal information I provide will be processed by Seller to complete this return of goods and meet any requests for it, as set out in applicable law. I know that I have the right to require the controller to access, rectify, erase or restrict the processing of my data, or to object to the processing, and to lodge a complaint with the supervisory authority.

…………………………………………………………………………………

(Customer's full name and signature)

Additional information from the Seller:

The data you provide will be processed by the Seller for the purposes related to the execution of your return and the fulfilment of the related requests and following applicable law. You have the right to request the controller to have access to, rectify, delete or restrict the processing, or to object to the processing, and to lodge a complaint with the supervisory authority. For more information, see "Information from the data controller".