

Waiver form – Parafarmacia Campoamor

This form should be completed and returned only if you wish to waive the contract.

For the attention of Altosoto Salud S.L.U., Av. Monforte de Lemos, 168, 7-1, C.P. 28029, Madrid (Madrid) España, info@parafarmaciacampoamor.com

Hereby I inform you that I waive my contract of purchase of the following products.

– Order

– Name of the consumer or user

– Address of the consumer or user

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– Email address, phone number

– Signature of the consumer

– Date