

.....
(Place, date)

.....
(Consumer's name and surname)

.....
(Address)

.....
(Card No.)

INSTYTUT ROZWOJU FITNESS Sp. z o. o.
ul. Puławska 427
02-801 Warsaw
NIP (Tax Id. No.): 701-035-23-71

Declaration of rescission

I declare that pursuant to Article 27 of the Act of 30 May 2014 on Consumer Rights (Journal of Laws 2014, item 827, as amended),

I rescind the BeActive product agreement concluded on (date) in Warsaw.

Please reimburse the amount of PLN(say: PLN.....) to the bank account: _____

At the same time, I agree to send the BeActive Card to the following address: Ul. Puławska 427, 02-801 Warszawa.

Consumer's signature