Return Form



Name & surname	
E-mail	
Phone number Order number	Bank account number
Returned goods	
Name of product	Quantity Reason for return
	<u>.</u>
	.
	.
I wish to	
O To exchange the goods	O To receive a refund
	n 14 days of receipt. Please fill out the Return Form and send it dress specified in the form. Also, please send the form electro-
After receiving and inspecting the returned goods, we account within 7 days. The amount refunded will be for t	will inform you by email and refund the money to your chosen the goods only, excluding postage.
The option to withdraw from the purchase agreement d	oes not apply to personalized products.
Your signature and date	All returns should be posted to: Little Saturday Monika Sobotková, U Rajské zahrady 2, 130 00, Prague Czech Republic