**Formulář: Odstoupení od Smlouvy do 14 dnů**

**Adresát**:

**IMUNOTOP s.r.o.,** se sídlem U Červeného mlýna 616/14, Ponava, 612 00 Brno

e-mail: info@prirodnilekarna.cz

**Oznamuji/oznamujeme, že tímto odstupuji/odstupujeme od smlouvy o koupi tohoto zboží / poskytnutí těchto služeb:**

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

**Datum objednání / datum obdržení**: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Spotřebitel/spotřebitelé**:

Jméno a příjmení: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Adresa: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Datum**:\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

 Podpis spotřebitele/spotřebitelů