

Lady Edna 9, Avenue de Paris 94800 VILLEJUIF Tél : +33 (0)7 61 78 06 57

FORM TO EXERCISE THE RIGHT OF WITHDRAWAL

To the attention of Lady Edna, I, (Name, First Name): from the contract bearing the order whose		, hereby notify my withdrawal pelow.
	ORDER REFERENC	
Order N°: Order date:/ Value of returned product(s): Payment method used to order: □ CB □ 0	Date received: € TTC	_//
	CUSTOMER INFORMA	TIONS
Last Name:	First Name:	
Email:	@	Phone:
Delivery address:		
Address:		
Zip : City:		Country:
My withdrawal is: ☐ Total (all of my order) ☐ Partial (1 or a few items, which I will list	below) RETURNED PRODUC	T(S)
		REASON FOR RETURN
ITEM (name, size, color)	QUANTITY	(you can leave it blank)
package. Consult the Terms and Condition Upon receipt, a member of the Lady Edna t of withdrawal.	s for the procedure.	adyedna.com) within 14 days after receiving the confirm the proper consideration of your request
Date:		Signature: