## PROJECT SOMA

## **RETURN FORM**

ORDER DATE					RE	TURN TO	
ORDER NUMBER					PROJE	CT SOMA	
NAME						anous 19-21	
SURNAME				( )	Athina 115 2	3 GREECE	
TELEPHONE					+30 210	64 20 347	
EMAIL					info@pro	ojectsoma.gr	
BANK DETAILS							
BANK NAME							
BENEFICIARY NAME							
IBAN NUMBER	*Fill in the hank details o	unly in case of cash	on delivery In case th	e order has been paid by credit card or pay	nal the refund will be made automa	ically by the system	
	**Recommended Bank: E				pai, are retaine will be made dutome	iodily by the dystem,	
DEASON CODE	☐ TOO SMA		ant a credit voucher ch	eck here and as soon as we receive your		redit code by emaill	
REASON CODE	TOO BIG	ALL					
		D MY MI	ND	products in origin	exchanges & returns can only al-factory condition with ac	companying do-	
		ECT ITEM		receiving your orde	schange or return any item to us The Previous collection items, or se e exchanged with other produ	ale items 50% off	
		T AS DES			r is responsible for covering an		
ROJECT SON	ΜA			EXCHA	NGE FO		
ORDER NUMBER						TURN TO	
NAME				PROJECT SOMA Theofanous 19–21			
SURNAME					Athina 115 23 GREECE		
TELEPHONE					+30 210 64 20 347		
EMAIL				\ /		ojectsoma.gr	
NAMEOE	PRODUCT	SIZE	QTY	<b>EXCHANGE ITI</b>	EM WITH SIZ		
IVAIVIL OF						E QTY	
						E QTY	
_						E QTY	
1 2						 	
1 2 3						 	
1 2 3 4						 	
1 2 3							
1 2 3 4	☐ TOO SMA			■ Please note that all products in origin	exchanges & returns can only al-factory condition with ac xchange or return any item to us	be processed for	

**ITEM NOT AS DESCRIBED**