

Withdrawal Form

Information about the company

Company name AB Lindex
Address c/o Kundservice, Box 233, 401 23 Göteborg, Sweden
Email address support@lindex.com

Information about the consumer

Name of consumer(s)
Address of consumer(s)
Email or phone number (optional)

I/We* hereby give notice that I/we* withdraw from my/our* contract of sale of the following goods / for the provision of the following service:

Ordered on* (date)	Received on* (date)

*Delete as appropriate

Signature of consumer(s) (only if this form is notified on paper)	Signature 2 (if more than one person made the purchase)
Date	

This form is based on Annex I(B) of Directive 2011/83/EU and complies with EU consumer protection requirements.