CONTRACT RESCISSION FORM

Date and signature of the Rescinding Party

Supplier: Kunsthalle Praha Services, s.r.o., Company ID: 06963391, incorporated in the Commercial Register maintained by the Municipal Court in Prague, Section B, File 21376 Mailing address and goods return address, if applicable: Kunsthalle Praha, U Bruských kasáren 132/3, Prague 1 - Malá Strana, 118 00	
Name and Surname	
Address	
Phone	
Email	
I hereby give notice that	at I rescind the Purchase Contract relating to the goods specified below.
Name of goods	
Order number	
Date of goods delivery (date of receipt)	
*Reason for return:	
*optional	
Please note: The goods	s must be returned complete, including accessories.
Zásilkovna - Code for re	eturn shipments: 95982818.

If you have any questions please do not hesitate to contact us: designshop@kunsthallepraha.org

Tel.: 241004123

For information regarding returns, please visit:

shop.kunsthallepraha.org/returns-and-relays (Terms and Conditions and Complaints Policy)