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STANDARD WITHDRAWAL FORM
(pursuant to Article 49(1)(h))

Complete and return this form only if you wish to withdraw from the contract and do not wish to use the procedure made available at the following [link](#)

Form to be returned to:

**Servizio Clienti Canali S.p.A. Unipersonale
via Lombardia 17/19 – 20845 Sovico (MB)**

800 98 90 60 (from Italy) 800 94 41 26 (from France) 900 822 593 (from Spain) 800 72 43 457
(from Germany) 800 72 43 457 (from Holland) +39 02 23345 876 (from Other EU Countries)
customer.care@canali.com

- I hereby give notice of withdrawal from my contract of sale of the following goods
.....

- Ordered on and received on

- Purchase reference number
.....

- Consumer's name

- Consumer's address

- Signature of consumer (only if this form is notified in paper version)
.....

- Date:

Therefore, I, the undersigned, will return the product(s) within 14 days from the current withdrawal notification

I hereby request that the refund of the returned product(s) be made via the same means of payment used for the purchase whose details are set out above.