

Return Form Date: ...../...../

To:

IOAKEIMIDIS SAVVAS
Address: 22 EVAGGELISTRIAS St, Post Code 10560, Athens Greece
Telephone: +30 2160703667
Email: info@loakeimidis.com
Customer Details
Name/Surname :
Telephone :
Email :
Address*:
* In case you do not complete this field, the product will be returned to address stated upon purchase.
Product Details
Date of purchase :
Order code :
No. of Items:
Product code :
Bank Account (IBAN):
Problem Description:
I accept the terms and conditions displayed on the eshop at ioakeimidis.com.