



Contract Withdrawal Form

Please fill out the following form to give notice of cancellation and request a full refund:

To FCJUK Limited, Electrovid.co.uk, Unit 9 & 15, Brindley Road,
Reginald Road Ind. Est, St Helens, WA9 4HY

I/We hereby give notice that I/We cancel My/Our contract for the following goods;

Customer Name:	
Customer Address:	
Email Address:	
Date of Purchase:	
Order Number:	
Return Authorisation Number:	
Customer Signature:	
Date:	

When complete, you may return this form by post to the address above.
Or by scanning and emailing to info@electrovid.co.uk.

If you have any queries you may call 01925 573 584.