CANCELLATION FORM

Please fill in all areas of this form.
Please sign & date if returning by post.

Return completed form by:

- **Post:** Screwfix Direct (Ireland) Limited
  6th Floor, 2 Grand Canal Square, Dublin 2.
- **Email:** online@screwfix.ie

I/we hereby give notice that I/we cancel my/our contract of sale of the following goods:

_____

_____

_____

_____

_____

_____

Ordered on _____

Received on _____

Name of Customer(s) _____

_____

Address of Customer(s) _____

_____

_____

_____

Signature of Customer(s)
(Only if this form is notified on paper)

Date _____