



Modulo richiesta di rimborso

ISTITUTO ZOOPROFILATTICO
SPERIMENTALE DELLE VENEZIE
Viale dell'Università, 10
35020 LEGNARO (PD)
e-mail: clienti@izsvenezie.it

Subject: SUM REFUND

Refund of the amount of € _____ paid on _____

Payment is not due for the following reason:

- Double payment
- Analysis that was not requested
- Other (please specify)

.....

SURNAME AND FIRST NAME /
COMPANY NAME

ADDRESS

E-MAIL

FISCAL CODE / VAT NUMBER

BANK NAME

BANK DETAILS (IBAN)

BIC OR SWIFT

Date _____

Signature _____

Legible signature

Attached: photocopy of passport of the owner or legal representative.

Any fee for sending the bank transfer will be charged on the beneficiary/client