# OBRAZAC O JEDNOSTRANOM RASKIDU UGOVORA

1. Ime, prezime i adresa potrošača

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. PRIMA: Galeb d.d. Punta 6, 21310 Omiš (Prodavatelj), tel: 021/434-721, fax: 021/434-725 e-mail: [anita.kuvacic@galeb.hr](mailto:anita.kuvacic@galeb.hr)
2. Ja \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ovim izjavljujem da jednostrano raskidam Ugovor o prodaji sljedeće robe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ naručene dana \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a primljene dana \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

* potpis potrošača \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (samo ako se ovaj obrazac ispunjava na papiru)
* datum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_