

To

Trader's name

Address

Number Zip code

City

E-mail address

Telephone number

I/we exercise* our right of withdrawal, in respect of our contract regarding the sale of the following products:

Ordered on (DD-MM-YYYY) Order number

Received on (DD-MM-YYYY)

Consumer(s)' name

Consumer(s)' address

Bank account number

Consumer(s)' signature

(only if this form is submitted on paper)

* Delete or provide supplementary information, as applicable.

