

Only use this form if you want to use your right of withdrawal

- To:

miniCPAP
Emmalaan 23
3581 HN Utrecht
The Netherlands

- I hereby notify you that I exercise my right of withdrawal for the following goods:

Order number:

Product(s):

- Ordered on(*)/Received on(*):

- Name:

- Address:

- Signature:

- Date:

(*) Strikethrough what does not apply wat niet van toepassing is