Standard cancellation form

- To **clinic-chi.com, Middelbanke 16, 9990 skagen, gertie@iiime.eu, 42160945**

- I / we (*) hereby announce that I / we (*) wish to exercise the right of withdrawal in connection with my / our (*) purchase agreement for the following goods (*) / provision of the following services (*)

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

- Consumer name (Consumer names)

- Consumer's address (Consumer's address)

- Consumer signature (Consumer signatures) (only if the contents of the form are communicated on paper)

- Date

(*) Discard where not applicable