

Model withdrawal form

(complete and return this form only if you wish to withdraw from the contract)

To:

Hair Discount Christoforidis
Mark Christoforidis
Preußenstr. 1
44532 Lünen
Germany

E-Mail: info@hair-discount.de

I/We (*) hereby give notice that I/We (*) withdraw from my/our (*) contract of sale of the following goods (*)/for the provision of the following service (*):

Ordered on (*) / received on (*) _____

Name of consumer(s)

Address of consumer(s)

Date

Signature of consumer(s) (only if this form is notified on paper)

(*) Delete as appropriate