

MODEL WITHDRAWAL FORM

(this form must be completed and returned only if you wish to withdraw from the contract)

LABB PROSTA SPÓŁKA AKCYJNA
31/11 Jaroslaw Iwaszkiewicza St., 10-089 Olsztyn
e-mail address: info@drmartinschwartz.com

- I/We(*) hereby inform(*) about my/our withdrawal from the contract of sale of the following goods(*) / provision of the following service(*):

.....
.....
.....
.....
.....

- Date of conclusion of the contract(*)/ receipt(*)

.....
.....

- Name of the Consumer(s)/Entrepreneur(s) privileged:

.....
.....

- Address of the Consumer(s)/privileged Entrepreneur(s):

.....
.....
.....
.....

.....
Signature of the Consumer(s)/Entrepreneur(s) of preference
(only if the form is sent in hard copy)