

## Model Withdrawal Form

Complete and return this form only if you wish to withdraw from the contract.

To:

NEUROSANTE MEDİKAL ELEKTRONİK LTD. ŞTİ.  
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E-Mail: info@neuroces.com  
Phone Number: +90 312 240 66 99

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 the consumer(s)	:	
Address of the consumer(s)	:	
Date	:	
Signature of consumer(s) (only if this form is notified on paper)	:	

(\*) Delete as appropriate.