

Model Withdrawal Form

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

To:

NEUROSANTE ÖÜ

Veskiposti tn 2-1002, 10138, Tallinn, Estonia

E-Mail: info@neuroces.com

Phone Number: +90 542 250 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 (*),

Model Withdrawal Form

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.