

# Model Withdrawal Form

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

To  
Ophena AB  
Stena Center 1 C  
41292 Gothenburg  
Sweden  
phone: +46732600951,  
email: [support@ophena.com](mailto:support@ophena.com)

I/We (\*) withdraw from my/our (\*) contract of sale of the following products (\*)/for the provision of the following services (\*),

- Ordered on (\*)/received on (\*):
- Order number (if available):
- Product / Products:
- Your name:
- Your address:
- Your signature (only if this form is notified on paper):
- Date:

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(\*) Delete as appropriate.