

SCHEDULE I MODEL CANCELLATION FORM



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

I/We* hereby give notice that I/We* cancel my/our* contract of sale
of the following goods

Product Name(s):

Ordered on/received on*:

Order/Invoice Reference Number:

Name of consumer(s):

Address of consumer(s):

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

Date:

* Delete as appropriate