

## MODEL WITHDRAWAL FORM

Complete and return this form only if you wish to withdraw from your contract of sale.

**To**

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2740 Skovlunde  
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I/we(\*) hereby give notice that I/we(\*) withdraw from my/our(\*) contract of sale of the following goods ordered/received on (\*) date:

Model	Colour	Size	Quantity

Name of consumer:	
Address of consumer:	
Signature of consumer: Only if form is returned on paper	
Date:	

(\*) Delete as appropriate