

## Sample revocable form

*(If you want to withdraw your contract please fill out this form and send it back to us.)*

– To Medizin & Service GmbH, Boettcherstraße 10 , 09117 Chemnitz, Germany, info@gmon.eu, Fax:  
+49 371 56036 22

– Hereby i/we (\*) withdraw the from me/us (\*) closed contract about purchase of following goods (\*)  
/ service delivery (\*)

– Ordered on (\*)/received on (\*)

– Name(s) of the customer(s)

– Address(s) of the customer(s)

– Signature(s) of the customer(s) (only for message on paper)

– Date

*(\*)Please delete where inapplicable.*