

# Form for Withdrawal of Service, or Return of Goods

Please complete and return this form only if you wish to dissolve/revoke the agreement.

Date

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DAC HEALTH SERVICES NETWORK24 LTD STASANDROU 7 NICOSIA 1060 CYPRUS

(\*) Delete where not applicable.

I / We (\*) hereby give notice that I / We (\*) withdraw from my / our (\*) contract of sale of the following goods / the provision (\*) of the following service:

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Ordered on (\*)/Received on (\*)

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Name

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Address

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Signature (if this form is submitted on paper)

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