

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

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:

Ordered on (*)/Received on (*)

Name

Address

Signature (if this form is submitted on paper)
