

Withdrawal form

to: Olympus KeyMed Group of Companies, Stock Road, SS2 5QH Southend on Sea
mail: shop.support@olympus.eu ; Phone **00800-65967873** Fax : **+4940237734-649**

Dear,

I hereby give notice that I withdraw from my contract of sale of the following goods:

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...
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...
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...
.....
...
.....
...

[insert list of appropriate product names and reference numbers here]

Order date: *[insert order placement date here]*

Receipt date: *[insert date of products receipt here]*

First name/Last name: *[insert your name here]*

Address:

.....
...
.....
...

[insert street, number, zip code, city and country here]

Signature:

.....

...

[insert your signature here]

Date: *[insert date of withdrawal notice here]*