

Form of revocation

(complete and return this form only if you wish to revoke the agreement)

— To:

Deurklinkenshop
Heikant 11
3930 Achel
info@deurklinkenshop.be
011/81.41.61

— I/We (*) hereby inform/share (*) with you that I/we (*) am revoking/revoking (*) our agreement regarding the sale of the following goods/provision of the following service (*):

— Ordered on (DD-MM-YYYY) :

— Order number :

— Received on (DD-MM-YYYY):

— Name(s) of Consumer(s)

— Address consumer(s) :

— IBAN Account Number:

— Signature of consumer(s) (only if this form is submitted on paper)

— Date(DD-MM-YYYY):

() Cross out what does not apply.*