

## Withdrawal from a Contract Form Template

(fill in this form and send it only if you wish to withdraw from the contract)

- Addressee: Mapa Zdrowia Andrzej Prokopiuk, ul. Jana Pawła II 150, 05-077 Warsaw, e-mail: [complaint@primvital.com](mailto:complaint@primvital.com), Phone: 22 297-00-09.
- I/We (\*) hereby inform you that I/we withdraw from the contract of sale of the following items (\*) contract for delivery of the following items (\*) contract for specific work consisting in executing the following items (\*) /contract for rendering the following service (\*)
- Date of the Agreement (\*) /date of receipt (\*)
- Customer's/s' full name(s)
- Customer's/s' address(es)
- Customer's/s' signature(s) (only if the form is sent in hard copy)