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| **Withdrawal form** |
| Please complete and return this form only if you wish to withdraw from the contract. |
| For the attention of :  | HOSPILUX S.A.1, rue des ChauxL-5324 Conterncommandes@hospilux.lu |
| I/We hereby notify you of my/our withdrawal from the contract for the sale of the following goods: |
| Product name and reference  |  |
| Invoice number  |  |
| Quantity of product(s) returned / to be returned |  |
| Ordered on (\*)Received on (\*) |  |
| Surname and first name of consumer(s) |  |
| Address of consumer(s) : |  |
| Signature of the consumer(s) (*only in the case of notification of this form on paper*) |  |
| Date |  |