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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 Chaux  L-5324 Contern  [commandes@hospilux.lu](mailto:Service.commandes@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 |  |