

# Withdrawal form

To

HEBUmedical GmbH

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D- 78532 Tuttlingen

Fax: +49 (0) 7461 94 71 – 22

Email: [info@hebumedical.de](mailto:info@hebumedical.de)

I/We (1) hereby give notice that I/We (1) withdraw from my/our (1) contract of sale of the following goods (1)/for the provision of the following service (1),

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Ordered on (1)/received on (1)

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Name of consumer(s)

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Address of consumer(s)

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

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Date

(1) Delete as appropriate.