

## MODEL WITHDRAWAL FORM

*(If you want to withdraw from the contract, please fill out this form and send it back)*

To  
**safemeditec GmbH**  
**Carl-Schuricht-Straße 7**  
**65187 Wiesbaden**

**sales@safemeditec.com**

I/we (\*) hereby give notice that I/we (\*) withdraw from my/our (\*) contract of sale of the following goods (\*)/for the provision of the following service (\*):

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Ordered on \_\_\_\_\_ (\*) / received on \_\_\_\_\_ (\*)

Name of consumer(s):

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Address of consumer(s):

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Date: \_\_\_\_\_

Signature of consumer(s): \_\_\_\_\_  
*(only if this form is notified on paper)*

*(\*) Delete as appropriate*