

Model withdrawal form

Complete and return this form only if you wish to withdraw from the contract.

To:
Verbraucherzentrale Brandenburg e.V.
Babelsberger Str. 12
14473 Potsdam
Fax 0331-298 71 77
widerruf@vzb.de

(Please tick where appropriate)

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

processing of inquiry via e-mail dated _____
(the date of the inquiry or the reference number)

telephone consultation on _____ *(the date)* at _____ *(time)*

Name of consumer(s): _____

Address of consumer(s): _____

Date: _____

Signature of consumer(s) (only if this form is notified in writing)

* Delete as appropriate