Cancellation form

Complete this form if you want to cancel the purchase of one or more items. Add this completed form to the return shipment that you address to:

Raymedy International BV Mr.E.N. van Kleffensstraat 6 6842 CV Arnhem

Subject: termination of the purchase during the cooling-off period The invoice number: Place: Date:

I expect the reimbursement within 14 days after the date of this letter refunded to the bank account that I used to pay the order.

I would like to receive a written confirmation of my cancellation within two weeks of the date of this letter.

Sincerely,

Name: Address: E-mail address: Phone:

Signature:

Sincerely,