

## **Model withdrawal form**

(complete and return this form only if you wish to withdraw from the contract)

To:

Lichtakzente  
Claudia Angerer  
Gernlandweg 41  
4060 Leonding  
Austria

Fax: +43 (0)732/269290 10  
E-Mail: office@lichtakzente.at

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)

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(\*) Delete as appropriate