

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 (*):

Ordered on (*) / received on (*) _____

Name of consumer(s)

Address of consumer(s)

Date

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

(*) Delete as appropriate