

Withdrawal Form

If you want to revoke the contract, please fill out this form and send it back.

on

dewepharma KG

St.Barbarastrasse 242

5424 Bad Vigaun

Österreich

I hereby revoke the contract I have concluded for the purchase of the following goods:

Order number: _____

Goods ordered on: _____

Goods were recieved on: _____

Name and address: _____

E-mail address of your customer account: _____

Your signature (only in the case of written revocation)

Date: