



CANCELLATION FORM

(If you want to cancel the contract, please fill in this form and return it.)

To

Danube Dental Service GmbH
Corporate register no 368049z
Steiner Landstraße 124
3500 Krems an der Donau
Austria
Email: danube.dental.service@dp-uni.ac.at

I/We hereby cancel the contract concluded by me/us for the purchase of the following products:

Ordered on _____ / received on _____

Invoice number:

Name of consumer(s)

Address of consumer(s)

Signature of consumer(s)

Date: