

NEUROSANTE B.V.

Model Withdrawal Form

Complete and return this form only if you wish to withdraw from the contract.

To:
NEUROSANTE B.V.
Snellius 1, 6422 RM Heerlen, Netherlands
Email: info@neuroces.com
Phone: +31 6 27 83 77 65

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 the consumer(s)	:
Address of the consumer(s)	:
Date	:
Signature of consumer(s) (only if this form is notified on paper)	:

(*) Delete as appropriate.