

## Exemplary Cancellation Form

(If you chose to revoke this contract please fill out this form and send it back to us.)

By Mail to

Saalmann medical GmbH & Co. KG  
Suedbahnstrasse 34  
32547 Bad Oeynhausen  
Germany

or by FAX: +49 (0)5731 25450 11

or by E-Mail: [info@saalmann-medical.de](mailto:info@saalmann-medical.de)

Herewith I revoke the contract regarding the purchase of the following merchandise:

1)

2)

3)

Ordered on (\*)/received on (\*):

Name of customer:

Full address of Customer:

\_\_\_\_\_  
Signature of Customer (only in case of paper based message)

Date: \_\_\_\_\_

(\*) Strike out if not appropriate