



MODEL WITHDRAWAL FORM

(Please fill in this form and send it back to us only if you wish to withdraw the order)

- by sending a registered letter with acknowledgment of receipt to :

Selfpharma sprl

Place Bara, 2

B-1070 Brussels Belgium

- or by e-mail to : **info@selfpharma.com**

I hereby give notice that I withdraw from my order ordered on __/__/____
received on __/__/____ concerning the sale of the following goods :

Customer No : _____

Name : _____

Address : _____

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

Date : __/__/____