



AMBERPHARM®

Amberpharm GmbH
Dept. of customer service
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Kink here

WITHDRAWAL FORM

Would you like to cancel your contract (purchase) in the shop on amberpharm.de? No problem! We ask you to provide the following information below, thank you!

CUSTOMER NUMBER: _____ (if available)

FIRST NAME: _____

SURNAME: _____

STREET: _____

HOUSE-NO: _____

POSTCODE: _____

PLACE OF RESIDENCE: _____

COUNTRY: _____

I cancel my contract for the purchase of the following goods:

Ordered on: ____, ____, ____ Received at: ____, ____, ____

Date

Signature