## **Modal withdrawal form**

omplete and return this form only if you wish to withdraw from the contract)	
_	To:
	HIDREX GmbH
	Otto-Hahn-Str. 12
	42579 Heiligenhaus
	GERMANY
	Fax: 0049 2056/ 98 11 31
	E-Mail: info@hidrex.de
-	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 consumer(s),
_	Address of consumer(s),
_	Signature of consumer(s) (only if this form is notified on paper),
_	Date

(\*) Delete as appropriate.