

## Withdrawal form

If you want to revoke the purchase contract, then please fill out this form and send it back together with the purchased goods in original condition including packaging and without damage at your own expense to:

EMV<sup>+</sup>, Dr. Eva Vejvar, MSc  
Vöglthen 24  
A-4713 Gallsbach

Email: office@emv-plus.com  
Phone: +43 660 4831022

With this I withdraw from the contract about the following goods:

Ordered on \_\_\_\_\_ / received on \_\_\_\_\_

Name of the consumer \_\_\_\_\_

Address of the consumer \_\_\_\_\_  
\_\_\_\_\_

Signature of the consumer \_\_\_\_\_

Date \_\_\_\_\_