## **B.** Cancellation form

If you wish to cancel this contract, please complete and submit this form.

Laboratorium SOLUNA Heilmittel GmbH Artur-Proeller-Straße 7 86609 Donauwörth Deutschland Fax: +49 (0)906/ 70 60 678

E-Mail: info@soluna.de

I/We (\*) hereby give notice that I/We (\*) cancel my/our (\*) contract of sale of the following goods (\*) /for the supply 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	