

Withdrawal Form

“NERVIDA” / Johanna Kappel

To:

Johanna Kappel / NERVIDA
Philipp-Harpff-Straße 3
5020 Salzburg, Austria
Email: contact@nervida.co

I/We () hereby give notice that I/we () withdraw from my/our (*) contract of sale of the following service(s) / product(s):

Order date / Contract concluded on: _____

Name of consumer(s): _____

Address of consumer(s): _____

Signature of consumer(s) (only if paper notification): _____

Date: _____

(*) Delete as appropriate