

SAMPLE CONTRACT WITHDRAWAL FORM

(fill in and send this form only if you wish to withdraw from the contract)

Addressee:

Institute of Predictive and Personalized Medicine, s. r. o.
Odbojarov 300/4
955 01, Tovarniky
Slovak Republic

E-mail: office@ippm.sk

I/We hereby notify you that I/We hereby withdraw from the contract for the provision of this service:

Date ordered:

Order and invoice number:

Name and surname of the consumer(s):

Address of the consumer(s):

Email address of the consumer(s):

Telephone consumer/consumers:

Method for reimbursement:

Bank account (IBAN) for reimbursement:

Date

Signature of the consumer
(only if this form is sent by post)