

## **MODEL WITHDRAWAL FORM**

(complete and return this form only if you wish to withdraw from the contract)

To Ingosson / Gero Gaschott Rheinhorststr 5 67071 Ludwigshafen Germany Email: info@ingosson.com

I/We	hereby give notice that I/We	withdraw
from my/our	contract of sal	e of the following goods
	/for the provision of the following service	
Ordered on	/received on	
Name of consumer(s)		
Address of consumer(s) (only if this form is notified on pa	aper)	
Signature of consumer(s	s)	

Date	
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