Model withdrawal form

Complete and return this form only if you wish to withdraw from the contract

To

Shadows of Chance

Hoflanderweg 54
1947 ZG Beverwijk
The Netherlands

Shadowsofchance@gmail.com

I/We(*) hereby give notice that I/We(*)withdraw from my/our(*) contract of sale of the following

goods(*)/for the provision of the following service(*),

_____

_____

Ordered on_____ (*)/received on _____(*)

Name of consumer(s) _____

Address of consumer(s),

_____

_____

_____

_____ _____

Date Signature of consumer(s) (only if this form is notified on paper)

(*)Delete as appropriate.