

# Standard cancellation form

- To **FARMASI SCANDINAVIA, Klovenhøjvej 7, 9640 Farsø, info@farmasiscandinavia.dk, 30721968**  
**Mandag - Fredag 14 - 18 Lørdag 10 - 13**

- I / we (\*) hereby announce that I / we (\*) wish to exercise the right of withdrawal in connection with my / our (\*) purchase agreement for the following goods (\*) / provision of the following services (\*)

- Ordered on (\*) / Received on (\*)

- Consumer name (Consumer names)

- Consumer's address (Consumer's address)

- Consumer signature (Consumer signatures) (only if the contents of the form are communicated on paper)

- Date

(\*) Discard where not applicable