

WITHDRAWAL

Standard form for withdrawal from a distance contract and off-premises contract (fill in and return this form only if you wish to withdraw from the contract).

To: Hortus Medicus OÜ, Kadaka tee 36, 10621 Tallinn, Harjumaa

I hereby withdraw from a contract having as its object:

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.....
.....

Reason for canceling the order (if you want to let us know, but that's it not required)

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.....

Order submission date (*) / date of receipt (*)

.....

Order or invoice number

Consumer Name

.....

Consumer Address

.....
.....

Purchase sum of product to be returned

.....

Bank account number to which the purchase sum of the returned product is to be transferred

.....

Consumer Signature

Date

(*) Not applicable pulled out.

To exercise the right of withdrawal, let us know about your decision to withdraw from this agreement either:

a) by e-mail info@hortusmedicus.ee ;

b) by post to Hortus Medicus OÜ, Kadaka tee 36, 10621, Tallinn.