

This form should be filled in and returned only if you wish to withdraw from the agreement concluded with Sinterit

Sinterit sp. z o.o.
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30-504 Cracow
withdrawal@sinterit.com

-I / we (*) hereby inform about my / our withdrawal from the sale agreement of the following items:
_____ (*data of the Products/Care Plans*)

- Date of conclusion of the the agreement (*) / receipt of Products (*) _____

-The name of the consumer(s) _____

-Address of the consumer(s) _____

- Consumer signature(s) (only if the form is sent in paper version) _____

-Date _____

(*) Delete as applicable.