

To
Gall Pharma GmbH
Grünhüblgasse 25
A-8750 Judenburg
Phone.: +43 (0) 3572/86996
Fax: +43 (0) 3572/86996 9
Mail: reklamation@gall.co.at
Web: www.gall.co.at

Sample-Cancellation form

If you wish to cancel the contract, please fill out and return this form.

I/We (*) hereby cancel the contract concluded by me/us (*) for the purchase of the following goods (*)/

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

Name of consumer(s) _____

Address of consumer(s) _____

Signature of consumer(s)

Date

(*)Delete where inapplicable