

# Withdrawal form

If you wish to withdraw from the contract please complete and return this form.

To: **KWON KG**, Unterfeldring 3, D-85256 Vierkirchen  
Telefax: +49 8139 88 701, E-Mail: info@kwon.de

Withdrawal: I/We hereby give notice that I/We (\*) withdraw from my/our (\*) contract of following goods (\*)/provision of the following service(\*):  
(\*) delete as applicable)

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Ordered on\*: \_\_\_\_\_ received on\*: \_\_\_\_\_

Customer-no.\*: \_\_\_\_\_

Last name\*: \_\_\_\_\_ First name\*: \_\_\_\_\_

Street/no.\*: \_\_\_\_\_

Post code/location\*: \_\_\_\_\_

Country: \_\_\_\_\_

Date of withdrawal: \_\_\_\_\_

\_\_\_\_\_  
Signature

\* mandatory fields