

## Model Withdrawal Form

Dr. Clauss Bild- und Datentechnik GmbH  
Turnhallenweg 5a  
D-08297 Zwönitz

I / We (\*) hereby give notice that I / We (\*) withdraw from my / our (\*) contract of sale of the following goods (\*):

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Ordered on (\*) / received on (\*): \_\_\_\_\_

Name of consumer(s): \_\_\_\_\_

Address of consumer(s): \_\_\_\_\_

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Signature of consumer(s) (only if this form is notified on paper): \_\_\_\_\_

Date: \_\_\_\_\_

(\*) Delete as appropriate.

In case of any questions regarding your order, please feel free to contact us anytime under the following e- mail: [sales-vr@dr-clauss.de](mailto:sales-vr@dr-clauss.de)

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