

## Model withdrawal form

Complete and return this form only if you wish to withdraw from the contract.

To:

Verbraucherzentrale Brandenburg e.V.

Babelsberger Str. 12

14473 Potsdam

Fax 0331-298 71 77

[widerruf@vzb.de](mailto:widerruf@vzb.de)

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

consultation on \_\_\_\_\_ (the date) at \_\_\_\_\_ (time)

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

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

\_\_\_\_\_

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

\_\_\_\_\_

Signature of consumer(s) (only if this form is notified in writing)

\* Delete as appropriate