

**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)

*(Please tick where appropriate)*

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

o processing of inquiry via e-mail dated \_\_\_\_\_  
*(the date of the inquiry or the reference number)*

o 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