

Specimen - revocation form

(If you wish to revoke the contract, please fill up this form and send it back to us.) To:

Biotikon, Dr. med. Michalzik,

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Fax.: +49 (0) 6201-24633

eMail: info@biotikon.de

I/we (*) herewith revoke the contract concluded by me/us (*) regarding the purchase of the following products
(*)/ the provision of the following service (*):

Ordered on

received on

Name of the consumer(s)

Address of the consumer(s)

Date:

Signature of the consumer(s) (only
in case of a notification on paper)

(*) Cross out the incorrect option.