

WITHDRAWAL FORM

Sample - Withdrawal form

Please complete and return this form only if you wish to withdraw from an order.

To

Toshi Berlin

Schivelbeiner Str. 40

10439 Berlin / Germany

Fax: +49 30 / 89379808

Email: mail@toshi.eu

I hereby give notice – within the statutory deadline- that I withdraw from my order with the given order Nr. above. Please confirm the receipt of this letter and the termination of the contract in writing.

Order number

Order date (*) / arrival date (*)

Your name

Your adress

(street, postcoda, city, country)

Your signature and date

(*) delete as appropriate

toshi

Inhaber Tobias Schirmer
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