

Model form for right of withdrawal

(this form should only be completed and returned if you want to withdraw from the contract)

- To: Unlimited Health

Waverveensepad 1 A

3641 RD Mijdrecht

info@unlimitedhealth.nl

- I/we* herewith inform you that, in respect of our contract regarding

The sale of the following products: [description of the product]*

The delivery of the following digital content: [description of the digital content]*

The supply of the following service: [description of the service]*

I/we* exercise our right of withdrawal.

- Ordered on*/received on* [date of ordering services or receiving goods]

- [Consumer(s)' name]

- [Consumer(s)' address]

- [Consumer(s)' signature] (only if this form is submitted on paper)

*Delete or provide supplementary information, as applicable.