



Model Withdrawal Form

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

To:

ENERMED UK LTD
6 Verdun Road, Eccles, Manchester, England M30 8He
E-Mail: info@neuroces.co.uk
Phone Number: +44 755 208 0975

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

Model Withdrawal Form

| | | |
|--|---|--|
| Ordered on (*) | : | |
| Received on (*) | : | |
| Name of the consumer(s) | : | |
| Address of the consumer(s) | : | |
| Date | : | |
| Signature of consumer(s) (only if this form is notified on paper) | : | |

(*) Delete as appropriate.