

**Withdrawal form**

Please, complete and return this form if you wish to withdraw from an order:

**EARSandEYES GmbH**  
**Oberstraße 14 B**  
**D-20144 Hamburg**  
**Fax: +49 40 822240 440**  
**E-Mail: info@earsandeyes.com**

I/We hereby give notice that I/We withdraw from my/our contract of sale of the following service (name, order number and price of the service):

.....  
.....

Service ordered on (date): .....

Service received on (date): .....

Surname, first name:  
.....

Address:  
.....  
.....  
.....

.....  
Date

.....  
Signature