**Sample cancellation form**

(If you wish to cancel the contract, please complete and return this form).

To

Limbus Medical Technologies GmbH

Schillerplatz 1

18055 Rostock

Germany

Fax: +49 381 25500629

E-mail: academy@varvis.com

I/we (\*) hereby revoke the contract concluded by me/us (\*) for the purchase of the following goods (\*)/the provision of the following service (\*)

Ordered on (\*)/received on (\*)

Name of the consumer(s)

Address of the consumer(s)

Signature of consumer(s) (only in case of paper communication)

Date \_\_\_\_\_\_\_\_\_\_\_

(\*) Delete where inapplicable