

REVOCATION FORM

If you wish to revoke the contract, then please fill in and return this form.

To:

Cleware GmbH

Nedderend 3

24876 Hollingstedt

Germany

Tel.: +49 4627/ 189808

Fax: +49 4627/ 189809

Email: order@cleware.net

With this I/ we(*) give notice that I/ we(*) cancel the concluded contract of the following product(s)/ performance of services(*):

Quantity	Item Number	Product

Ordered on: _____

Received on: _____

Consumer (Customer):

Customer Nr.	<input type="text"/>	street and no	<input type="text"/>
Invoice Nr	<input type="text"/>	Zip code	<input type="text"/>
Last name	<input type="text"/>	city	<input type="text"/>
First name	<input type="text"/>	country	<input type="text"/>

Date of Revocation

Signature of consumer(s)
only if submitted in paper form(*)

(*) delete as applicable