

## Order Cancellation Form

If you would like to cancel your order contract, please complete this form and return it to:

notfallkoffer.de Med. Geräte GmbH  
Niedersachsenstraße 7  
49186 Bad Iburg

Fax: +49 (0) 5403 – 79 44 68  
E-Mail: [info@notfallkoffer.de](mailto:info@notfallkoffer.de)

I / we (\*) hereby cancel the contract concluded for the purchase of the following goods (\*) / the provision of the following services (\*):

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Reason(s) for cancellation (voluntary information for quality assurance and faster processing):

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Ordered on (\*)

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Received on (\*)

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Customer's Name

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Customer's Address

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Date and customer's signature (only in the case of written correspondence) -  
(\*) (strike through if not applicable)