

# Withdrawal form

If you want to cancel the contract, please fill out this form and send it by fax, email or post back to us: Gall Pharma GmbH, Grünhüblgasse 25, A-8750 Judenburg; Fax: 0043 3572-869969; email: [gallpharma@gall.co.at](mailto:gallpharma@gall.co.at);

I hereby give notice that I withdraw from my contract of sale of the following goods:

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Ordered on: ..... received on:.....

Name of consumer: .....

Address of consumer: .....

Signature of consumer:.....

Date: .....