

## Annex 1 - Model Withdrawal / Termination Form

Complete and return this form only if you wish to exercise your right of withdrawal or termination.

**Addressee:**

Vimora Grup Kft.  
2440 Százhalombatta, Erkel Ferenc körút 80. II. em. 6. ajtó  
E-mail: info@vimora-care.eu

I hereby declare that I exercise my right of withdrawal / termination in relation to the contract for the following service or product:

**Name of service / product:** \_\_\_\_\_

**Order date:** \_\_\_\_\_

**Order ID, if known:** \_\_\_\_\_

**Consumer name:** \_\_\_\_\_

**Consumer address:** \_\_\_\_\_

**Consumer e-mail address:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Consumer signature:** \_\_\_\_\_

Signature is required only if this statement is submitted on paper.