

Model form for right of withdrawal

(this form should only be completed and returned if you want to withdraw from the contract)

- To: **drs. L.F.M. van der Hoeven**
Heuvel 20
5101TD – Dongen
The Netherlands
Telephone nr.: 031(0)162-371033 / - 031(0)162371032 / 06-42794892
E-mail address: lucas@museumgift.org; lucasvdh3@gmail.com
Dutch Chamber of Commerce nr.: 57672342
VAT-identification number: NL086902039B03

- I/we* herewith inform you that, in respect of our contract regarding
The sale of the following products: [description of the product]*

I/we* exercise our right of withdrawal.

- Ordered on*/received on* [date of ordering services or receiving goods]
- [Consumer(s)' name]
- [Consumer(s)' address]
- [Consumer(s)' signature] (only if this form is submitted on paper)

*Delete or provide supplementary information, as applicable.