

Specimen - revocation form

(If you wish to revoke the contract, please fill up this form and send it back to us.) To:

Biotikon, Dr. med. Michalzik,

Edisonstr. 2

68519 Viernheim

GERMANY

Tel.: +49 (0) 6201-878380

Fax.: +49 (0) 6201-24633

eMail: info@biotikon.de

I/we (*) herewith revoke the contract concluded by me/us (*) regarding the purchase of the following products (*)/ the provision of the following service (*):

Ordered on

received on

Name of the consumer(s)

Address of the consumer(s)

Date:

Signature of the consumer(s) (only
in case of a notification on paper)

(*) Cross out the incorrect option.