

## Form for withdrawal

(only complete and send this form back if you wish to withdraw the contract)

— To  
Perfect Care BV  
Logistiekweg 18  
4906 AB Oosterhout  
[info@perfectcare.nl](mailto:info@perfectcare.nl)  
+31 850 643011

Perfect Care B.V.  
Logistiekweg 18  
4906 AB Oosterhout  
The Netherlands

Tel.: +31 850 643 011  
E-mail: [info@perfectcare.nl](mailto:info@perfectcare.nl)

— I/We (\*) hereby inform (\*) that I/we (\*) withdraw our contract concerning the sale of the following goods/provision of the following service (\*):

— Ordered on (DD-MM-YYYY):

— Order number:

— Received on (DD-MM-YYYY):

— Name/Names consumer(s)

— Address consumer(s):

— IBAN Bank account number:

— Signature of the consumer(s) (only if this form is submitted on paper) (\*\*)

— Date (DD-MM-YYYY):

(\*) Delete what is not applicable.

(\*\*) By signing this form you declare that you have taken note of and agree with our terms and conditions.