

Model Withdrawal Form

Complete and submit this form only if you wish to withdraw from the contract.

To:

SIMRIG AB
Torkelsbohögsvägen 11
SE-437 41 Lindome
Sweden
Email: info@simrig.se

Consumer details

First name

Last name

Email

Phone (optional)

Address

Street address

Postal code

City

Country

Order and goods

Order number (optional)

Ordered on (YYYY-MM-DD)

Received on (YYYY-MM-DD)

Description of goods

I/We hereby give notice that I/We withdraw from my/our contract of sale of the goods described above.

Signature (only if sent on paper)

Date (YYYY-MM-DD)

Tip: You can email this form to info@simrig.se.