

Declaration of withdrawal from purchase

Address: NEW YORK DENTAL KFT.

(address: Hungary, 1135 Budapest, Frangepán street 66/B., e-mail: info@newyorkdental.hu)

I/we, the undersigned, declare that I/we exercise my/our right of withdrawal/termination with respect to the contract for the purchase/sale of the following product(s) or the provision of the following service:

.....
.....

Date of contract conclusion/date of receipt:

Name of consumer(s):

Address of the consumer(s):

Please transfer the purchase price to the following bank account number (fill in if you would like the purchase price to be refunded by bank transfer):

.....

Signature of the consumer(s): (only in case of a declaration made on paper)

.....

Date: Budapest, 20.....
