

Withdrawal form

(complete and return this form only if you wish to withdraw from the contract)

To
lablife gmbh
Walküregasse 13/31
1150 Vienna
office@lablife.video

I/We (*) hereby give notice that I/We (*) withdraw from my/our (*) contract of sale of the following goods (*)/for the provision of the following service (*):

Ordered on (*)/received on (*) _____

Name of consumer(s) _____

Address of consumer(s) _____

Signature of consumer(s) _____
(only if this form is notified on paper)

Date _____

(*) Delete as appropriate.