

WITHDRAWAL FORM

If you wish to withdraw from the contract please complete and return this form to:

cossana GmbH
Sternstraße 7
D-20357 Hamburg
Fax: +49 (0)40 8060 6924 9

Name and address of consumer:

Order number: _____ Ordered on: _____ Received on: _____

I hereby give notice that I withdraw from my contract of sale of the following goods:

Reason for withdrawal (optional): _____

Date

Signature of consumer

Telephone number: _____