

Cancellation form

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

To DCC SHOP Online Store M. PIENA 2 LV-1045 Riga Latvia

Phone number: + 371 29 37 23 73 E-mail address: info@dentalmarket.lv

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

Ordered on:
Order number:
Name of consumer:
Address of consumer:
Street / No:
ZIP / City:
Country:
Signature of consumer [Note: only if this form is notified on paper]
Date:

