**Withdrawal notice**

Fill in the form below only in case of withdrawal from the contract. Please return it to one of the contact details shown.

**Company details**

BIONIKA Medline Kft.

3516 Miskolc, Tégla utca 29.

3516 Miskolc, Tégla utca 29.

trade@bionika.hu

+ 36 70 362 9235

Name:

Headquarter:

Mailing address:

Email address:

Phone number:

I, the undersigned, declare that I exercise my right of withdrawal for the contract of purchase for the following product(s):

Order number: ............................................................................................................................

Product name: ............................................................................................................................

Date of conclusion of contract / date of receipt: .......................................................................

Consumer’s name: ......................................................................................................................

Consumer's address: ..................................................................................................................

Signature of the consumer (only in case of a paper-based declaration):

.........................................................

Date: .........................................................