

# Standard Withdrawal Form

This form is only to be completed and returned if the right of withdrawal is accepted.

To:

Ailefo ApS

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3700 Ronne

Denmark

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T +45 71995410

I / we \_\_\_\_\_ hereby give notice  
that I / we want to withdraw my / our \_\_\_\_\_ contract of  
purchase of the following goods:

\_\_\_\_\_.

Ordered d. \_\_\_\_\_ / received on d. \_\_\_\_\_

Name of customer:

\_\_\_\_\_

Customer address:

\_\_\_\_\_

Customer signature:

\_\_\_\_\_

Date \_\_\_\_\_