

Standard regret form

(This form must be completed and returned, if you wish to use your right to claim)

To:

Rosendahls – Schultz Distribution

Herstedvang 10

2620 Albertslund

Denmark

Tel.: +45 43 22 73 00

Fax: +45 43 63 19 69

CVR: 37120928

E-mail: distribution@rosendahls.dk

I hereby inform that I wish to use my right of withdrawal, in connection with my purchase of the following material/delivery or the following service:

Order date _____/received date_____

Order no./Invoice no/Delivery no.: _____

Consumer name: _____

Consumer address: _____

Consumer e-mail: _____

Date: _____

Consumer signature: _____

(only if form is send by post)