

MODEL CANCELLATION FORM

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

To Cryofix Wellness Ltd., NIX Business Centre, 2 Park Court, Abbey Park Ind. Est., Premier Way, Romsey, Hampshire, SO51 9DH, 01794 337387, enquiries@cryofixwellness.co.uk.

I/We [*] hereby give notice that I/We [*] cancel my/our [*] contract of sale of the following goods [*]/for the supply of the following service [*],

Ordered on [*/received on [*],

Name of consumer(s),

Address of consumer(s),

Signature of consumer(s) (only if this form is notified on paper),

Date

[*] Delete as appropriate

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