Sample Revocation Form

If you wish to revoke your contract, please fill in and return this form to us.

To:

Carl Duisberg Centren gemeinnützige GmbH

Hansaring 49–51, D – 50670 Köln

Fax: +49 (0)221/16 26-256 E-Mail: revocation@cdc.de

services:
Ordered on (*)/received on (*):
Name of the customer(s):
Address of the customer(s):
Date:
Signature of the customer(s)
(only in paper form):

