CANCELLATION FORM

(detachable from schedule)

TO BE COMPLETED BY THE MERCHANT

TO:
(name of itinerant merchant or representative)
(address of itinerant merchant or representative)
Telephone number of itinerant merchant or representative: ()
Fax number of itinerant merchant or representative: ()
Electronic address of itinerant merchant or representative:
TO BE COMPLETED BY THE CONSUMER
DATE: (date on which form is sent)
By virtue of section 59 of the Consumer Protection Act, I hereby cancel the contract No.:
(contract number, if any) made on (date of
contract) at
(address where contract was signed by consumer)
(name of consumer)
Telephone number of consumer: ()
Fax number of consumer: ()
Electronic address of consumer:
(address of consumer)
(signature of consumer)