

# CANCELLATION FORM

If you wish to cancel the contract, please complete this form and return it to:

Dr. Rath Health Programs B.V.  
Email: info@rath-programs.com

Postal address:  
Dr. Rath Health Programs B.V.  
Sourethweg 9  
6422 PC Heerlen  
The Netherlands

I/We (\*) hereby cancel the contract entered into by me/us (\*) for the purchase of the following goods:

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ordered on: \_\_\_\_\_ received on: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(\*) Delete as applicable