

Cancellation form

Please fill in and return this form if you wish to cancel the contract

The completed form must be sent to:

No Isolation BV
Overhoeksplein 2
1031 KS Amsterdam
The Netherlands

or by email to:

support@noisolation.com

I/we hereby notify that I/we wish to cancel my/our purchase of the following (tick the correct box)

- goods (please specify product and serial number in the section below)
 services (please specify in the section below)

Tick the correct box and insert date:

<input type="checkbox"/> The contract was entered into on (date)		(for the purchase of services)
<input type="checkbox"/> The product was received on (date)		(for the purchase of goods)

Name(s) of the consumer/consumers:

Address of the consumer/consumers:

Date:

Signature of the consumer/consumers (if a paper form is used)