Model withdrawal form

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

To: Incepra B.V., Zonnebaan 30, 3542 EE Utrecht, care@incepra.com

I/We* hereby give notice that I/We* withdraw from my/our* contract of sale of the following goods.

Description of goods:

Reason for withdrawal (optional):

Ordered on:

Received on:

Name of consumer(s):

Address of consumer(s):

Order number (if known):

Date:

* Delete as appropriate.

How to send this form

1. Complete the form digitally and save it (via File > Save).
2. Email the saved PDF file as an attachment to care@incepra.com, stating 'Withdrawal' and your order number (if known).

Using Adobe Acrobat (Reader)? You can also click the button below: the completed form will automatically be attached to a new email.

Send by email