



Standard form for withdrawal

(only fill in and return this form if you wish to revoke the agreement)

SSB

P.O. Box 1660

1000 BR Amsterdam

Netherlands

I/We (*) hereby inform you that I/we (*) revoke our agreement concerning the sale/delivery of the following goods:

Order number (mandatory):

Ordered on / Received on

Name/Names of consumer(s)

Address of consumer(s)

Date:

**Cross out what is not applicable.*