

If you want to withdrawal the contract, please fill out this form and send it back.

✉ **service@kfp-pharma.de**

☎ **+49 (0) 6172 850 9099**



**KAISER  
FRIEDRICH  
PHARMA**

Kaiser Friedrich Pharma GmbH  
Benzstraße 9  
61352 Bad Homburg  
Germany

## Widerrufsformular

I / we (\*) hereby revoke the contract concluded by me / us (\*) concerning the purchase of the following goods:

(Name of goods, order number, amount and price)

Name of the customer/s:

Address of the customer/s:

Ordered on:

Date

Received on:

Date

Date:

Signature of the customer:

(only for paper messages)

(\*) remove inaccurate