

Withdrawal form

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

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

Postal address:
Dimass Group B.V.
Grote Ohéweg 3
6081 PT Haelen
The Netherlands

I/we (*) hereby withdraw from my/our (*) contract of sale of the following goods:

.....
.....
.....
.....



Ordered on: Received on:

Name:

Address:
.....

Date: Signature:

(*) Delete as applicable