**Model form for withdrawal De Kade B.V.**

***Only complete and return this form if you wish to cancel the Agreement***

* **to: De Kade B.V.**

**Stadionkade 107, 1076 BN in Amsterdam; or view the return information as included on your purchase invoice or confirmation e-mail.**

@: [**info@dekade-boutique.com**](mailto:info@dekade-boutique.com)**.**

* I/We hereby inform you that I/we\* revoke our Agreement on the sale of the following products: [product description]\*:
* - Ordered/received on\* [date of order or receipt of product(s)]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Ordernumber:  
    
  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Name of Consumer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Address of Consumer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Signature of the Consumer (only when this form is submitted on paper)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* [Date]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Bankdetails for the refund of the purchase amount: (IBAN) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the benefit of:
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name)

*\* Cross out that which does not apply*