

APPENDIX 1 TO THE TERMS AND CONDITIONS

Withdrawal form from the remotely concluded contract

To: Health Labs Care Spółka z ograniczoną odpowiedzialnością Sp. k.

Address: Białystok [ul. Sienkiewicza 81/3/200 15-003 Białystok],

E-mail: kontakt@healthlabs.pl ,

Telephone : +48 85 733 91 64 (standard international tariff)

I hereby inform you with regard to my withdrawal from the contract concluded with Health Labs Care Spółka z ograniczoną odpowiedzialnością Sp. k. concerning the sale of the following goods/services:

First and last name /Company name: _____

ID number: _____

Home address/Headquarters address: _____

No. and date of order: _____

Bank account, bank and subsidiary: _____

Delivery: _____

Name of representative (if applicable): _____

Date: _____

Signature¹:

¹ Necessary only if delivered on printed paper