



## CANCELLATION OF PURCHASE

This form is completed and returned only  
if the right of withdrawal applies

**PARALENZ APS**  
**Refshalevej 163a ST.MF**  
**Denmark**  
**1432 Copenhagen K**  
**info@paralenz.com**

I hereby give notice that I wish to request a cancellation of  
the following goods / services:

Date of order:

Date of receipt

Your name:

Your signature:

Date: