

REVOCATION FORM

If you wish to cancel the contract, please complete and return this form.

1) Recipient

Curaprox New Zealand Limited, 17 Hinau, Road 2113 Auckland, Karaka, New Zealand

Email: info@curaprox.co.nz

2) Your details

I /We (*) hereby revoke the contract concluded by me/us (*) for the purchase of the following goods (*) / the provision of the following service (*):

a) ordered on (*) / received on (*)

b) Customer name

c) Customer address

d) Signature (only for communication on paper)

e) Place and date

(*) Please delete where inapplicable.