

Cancellation form

(If you wish to cancel the contract, please fill out this form and send it to us.)

To:

Luzmon Medical AS

Oscars gate 42, 0258 Oslo, Norway

info@l-trode.com

Org. No: NO 995 871 238

I/we (*) hereby cancel the contract I/we (*) concluded for the purchase of the following merchandise (*) / service (*) rendered:

Date ordered (*): _____ Received (*): _____

Order number: _____

Consumer name(s): _____

Consumer address(es): _____

Consumer email or phone number: _____

Date: _____

Consumer signature(s) (only required for written notices)

(*) Cross out whatever does not apply