

# Form for Withdrawal of Service, or Return of Goods

Please complete and return this form only if you wish to dissolve/revoke the agreement.

Date

\_\_\_\_\_

Medical Center Kandy Road Adhikarigama Sri Lanka.

(\* Delete where not applicable.

I / We (\*) hereby give notice that I / We (\*) withdraw from my / our (\*) contract of sale of the following goods / the provision (\*) of the following service:

\_\_\_\_\_

Ordered on (\*)/Received on (\*)

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

Signature (if this form is submitted on paper)

\_\_\_\_\_