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| **Withdrawal form** | |
| **To the seller:** | |
| **Name:** | Kadonation NV |
| **Address:** | Gordunakaai 61, 9000 Gent, België |
| **VAT-nr:** | BE-0666.820.362 |
| **E-mail** | [contact@kadonation.com](mailto:contact@kadonation.com) |
| **I hereby state that I want to withdraw our agreement concerning the purchase of the following products:** | |
| **Products:** |  |
| **Order date / delivery date:** |  |
| **Name consumer** |  |
| **Address consumer** |  |
| **Date:** |  |
| **Signature of the consumer:**  *(only necessary when this form is submitted on paper)* | |
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