

Withdrawal form

To withdraw from this contract, please complete this form and return it to us.

To: Brainlab AG
Attn. Johanna Hain
Olof-Palme-Straße 9
81829 Munich
Germany

Fax: +49 89 99 15 68 5033
ent@brainlab.com

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

Ordered on (*)/ received on (*):

Name of consumer(s):

Address of consumer(s):

Signature of consumer(s) (only if this form is notified on paper)

Place, Date

(*) Delete as appropriate.