**Standard Withdrawal Form**

(If you want to withdraw from your concluded contract please fill in this form and send it to us.)

To

Feldenkrais Institut Wien OG

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A 1020 Wien  /Vienna

Austria

Tel.: +43 (0)699 1133 1043

 E-Mail: training@feldenkraisinstitut.at

I/we (\*) hereby request the withdrawal from the contract placed by

myself /ourselves (\*) for the purchase of the following goods/ the provision of the following service (\*)

ordered/dated/received on

Name of consumer(s)

Address of consumer(s)

Signature of consumer Date

(only when withdrawing on paper)

*(\*) delete as appropriate*