



MODEL CANCELLATION FORM

(Complete and return this form only if you wish to withdraw from the contract)

To: Dr Stump Limited, 10 Buxton Road, Frettenham, Norwich, NR12 7NG

Telephone: 01603 358778

Email: info@drstump.co.uk

[I/We]* hereby give notice that [I/We] cancel [my/our] contract for the supply 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):.....

Date:.....

** Areas in square brackets are to be deleted as appropriate.*