

Withdrawal form

If you want to withdraw the contract of products sale, please fill in this form and send it to ResMed:

ResMed Sleep Solutions Ltd
8 Wimpole Street
London
W1G 9SP, United Kingdom

E-Mail: mysleep@resmed.co.uk

I hereby give notice that I withdraw from my contract of sale of the following goods

Article nr. Article Name

Article nr.	Article Name

Ordered on (DD/MM/YYYY)

Received on (DD/MM/YYYY)

Customer Name

Customer Address

Place, Date

Customer Signature