

### Right of withdrawal

You have the right to withdraw from this contract, without stating the reasons, within 14 days. The withdrawal period expires after 14 days, beginning with the date of concluding the contract. In order to exercise your withdrawal right, you must inform us at the address Timisoara, Simion Barnutiu street, no. 62, room 2, 1<sup>st</sup> floor, Timis county – to the attention of Larisa Busu, regarding your decision to withdrawal from this contract using a clear statement (for example, a letter sent by mail, fax or e-mail). To this purpose, you may use the attached withdrawal model; but its use is not mandatory. Also, you may fill in and send electronically from our site the standard withdrawal form or any other clear statement. If you use this option, we will send you, without delay, on a durable support (for example by e-mail) the confirmation of receipt of the withdrawal request. In order to observe the withdrawal deadline, it is enough to the send the communication regarding the exercise of the withdrawal right before the expiration of the withdrawal period.

### Consequences of the withdrawal

If you withdraw, we will reimburse any amount received from you, without unjustified delays and in any case, not later than 14 days from the date of being informed regarding your decision to withdraw from this contract. We will perform this reimbursement using the same payment method as the one used for the initial transaction, except for the case when you give your express approval for another reimbursement method. In any case, no commissions shall be charged following such reimbursement.

## Withdrawal form

(this form is sent back filled in if you want to withdraw from the contract)

To S.C DENTCOF RESEARCH SRL, Romanian legal person, with the headquarters in Timisoara, Simion Barnutiu street, no. 62, room 2, 1<sup>st</sup> floor, Timis county, e-mail address research@dentcof.ro.

I/We hereby inform you regarding my/our withdrawal from the contract regarding the provision of the following services:

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Ordered on (\*)/received on (\*) \_\_\_\_\_

Name of the Beneficiary (Beneficiaries) \_\_\_\_\_

Address of the Beneficiary (Beneficiaries) \_\_\_\_\_

Signature of the Beneficiary (Beneficiaries) (only if this form is communicated on paper) \_\_\_\_\_

Date \_\_\_\_\_

\* Please cut the option that does not apply.