

Withdrawal form

- pursuant to Art. 49(1)(h) -
(complete and return this form only if you wish to withdraw from the contract)

(Date) _____

A3-Med S.r.l.
Via del Greto 10/a
40069 Zola Predosa (BO)
email: info@A3Med.it
Pec: a3medsrl@legalmail.it

I, the undersigned _____, hereby give
notice of withdrawal from the contract of sale of the following goods/services:

_____ (insert purchase order number and type of goods/services purchased) ordered / received
on _____

(insert the date of purchase of the Course or the date of receipt of the order for the goods
purchased)

In the event that this withdrawal relates to goods purchased by the undersigned, I undertake to
return the aforementioned at my own expense without undue delay and in any event within 14 days
of the present.

At the same time I request the refund, within the aforementioned term, of all payments made by
me, amounting to € _____

(insert amount paid)

by _____

(insert method of payment used to pay the price, for example: bank transfer - IBAN code - in case
of national transfer insert IBAN code; if cross-border transfer also BIC code - or for example re-
credit to the credit card used for the payment) within the same term.

Best regards,

_____ (signature)