***MODEL WITHDRAWAL FORM***

*(This document or letter should only be completed and sent if you wish to cancel the request)*

**Subject: Withdrawal of the order**

..................................., ............/.............../.............

For the attention of:

Vitae Health Innovation SL

B60932126

Verneda del Congost 5, P.I. El Circuit

08160 Montmelo

Barcelona

España

Email: [info@vitaeinternational.com](mailto:info@vitaeinternational.com)

Phone: (+34) 935 908 700

Owner of the following online commerce website: [www.vitaeinternational.com](http://www.vitaeinternational.com)

I hereby inform you of my willingness to WITHDRAW from our contract for the provision or supply of the following services:

Type of service(s) and description of the same(s) (include, if applicable, the reference number):.......................................................................................................................................... .......................................................................................................................................... .......................................................................................................................................... ..........................................................................................................................................

Order Number: .................................................................................................................

Date on which the order was placed or signed: ......................................................

Name and identity document (DNI/NIE/Passport) of the consumer(s) and user(s) (copy attached):.......................................................................................................................................... .......................................................................................................................................... ..........................................................................................................................................

Address of the consumer(s) and user(s): 2 .......................................................................................................................................... ..........................................................................................................................................

Telephone of the consumer(s) and user(s): ..........................................................................................................................................

Email of the consumer(s) and user(s): .......................................................................................................................................... ........................................................

Signature of the consumer(s) and user(s)

(Only if the form is submitted on paper)